

Dear Parents,
Please can you **ALL** fill this in and return at your daughter's next class, Thank you First Steps & Carly Elizabeth School of Dance

Child's name:

Date of Birth:.....

Address:

.....

.....

Post Code:

Email address:.....

(please write email address clearly)

Contact number:

Relationship to child:

Signature:

By signing this form you are giving permission for your daughter to be taught dance by Kathryn Pearce & Carly Hall and other teachers deemed suitable. In the event of an emergency teachers will act in loco parentis. You hereby agree to pay all fees on time and give a full terms written notice in the event of leaving. Any photos taken may be used for promotion and advertising unless requested otherwise. You agree to receive emails and text messages from First Steps & Carly Elizabeth School of Dance. All students information is kept secure and will be destroyed when your child leaves the dance school. It is the responsibility of the parents to inform First Steps & Carly Elizabeth School of Dance of any medical condition that may affect their child's ability to take part in class.