



Please complete the sections below, sign to confirm that you have read and understood the Julie Sianne Theatre Arts Terms & Conditions and return to the class teacher or post to: Lesley Evans, 147 Church Road, Byfleet, Surrey KT14 7NF
 Payment of Fees: After registration you will be invoiced each term which will include all the payment details

Section A: To be completed by Parent/Guardian or Adult

Parent/Guardian/Adult Name _____
 Address _____

 _____ Postcode _____
 Email _____
 Mobile Ph _____ Home Ph _____
 Work Ph _____
 Pupils Name _____
 Date of Birth _____ School Attending _____

Section B: Classes

Trial Class Date _____

JSTA Start Date _____

Tick	Grade	Class Time & Day	Teacher (if known)
<input type="checkbox"/>	Ballet	_____	_____
<input type="checkbox"/>	Ballet	_____	_____
<input type="checkbox"/>	Modern	_____	_____
<input type="checkbox"/>	Tap	_____	_____
<input type="checkbox"/>	Drama	_____	_____
<input type="checkbox"/>	Jazz	_____	_____
<input type="checkbox"/>	Boys Jazz/Cond	_____	_____
<input type="checkbox"/>	Singing	_____	_____
<input type="checkbox"/>	Musical Theatre	_____	_____

Musical Theatre Classes (MTC) are Free of Charge if taken with 4 other dance classes

ONE TERMS NOTICE - a minimum of 8 weeks notice is required prior to the commencement of the following term when giving up a class or classes

TERMS AND CONDITIONS

Attendance at Julie Sianne Theatre Arts is dependent on acceptance of our Terms and Conditions. If a copy of our Terms and Conditions are not provided with this form they can be found on our website under the Information menu at www.juliesianne.com. Please read the Terms and Conditions, and confirm below that you have read, understood and accept the Terms and Conditions for attendance at Julie Sianne Theatre Arts.

I confirm that I have read the JSTA Terms and Conditions and that I understand and accept them.

Parent/Guardian/Adult Signature _____ Date _____
 Printed Name _____

Admin & Enquiries: Liza Jones, 01932 336118, admin@juliesianne.com
 Admissions: Lesley Evans, 01932 347159, admissions@juliesianne.com
 Accounts: Tiffany Callis, 07930 361698, accounts@juliesianne.com

Julie Sianne Theatre Arts Ltd is a company registered in England and Wales. Registered number: 09697213.
 Registered office: 10 Torrington Road, Claygate, Esher, Surrey, KT10 0SA.



Please complete the sections below, sign and return to the class teacher or post to
Lesley Evans, 147 Church Road, Byfleet, Surrey KT14 7NF

Section A: To be completed by Parent/Guardian/Adult

Parent/Guardian/Adult Name _____

Address _____

Postcode _____

Mobile Ph _____

Home Ph _____

Work Ph _____

Email _____

Contact in Case of Emergency _____

Mobile/Home Ph Numbers _____

Section B: Student/Adult details

Student/Adult Name(s)	List all known medical conditions and medication required including Allergies (Food/Drug): Medical Conditions (Asthma, Epilepsy, Diabetes etc) Behavioural/Psychological Conditions (Dyslexia, Dyspraxia, Aspergers, ADHD etc). Please include any other information about you or your child that may affect your or your child's class experience.

Consent to General Treatment & First Aid

I give consent for me/my child to receive any necessary health care and first aid whilst under the care of JSTA. Where appropriate I/my child may be given non-prescribed medicines to treat minor illness or injury. These may include paracetamol, ibuprofen, or piriton. I understand that essential medical information will be shared with the relevant school staff and carers. I understand that it is my responsibility to inform the school of any new medical conditions and health needs. Unless notification is received, the school is entitled to consider that the information in this Confidential Medical Form is correct.

Signature of Parent/Guardian/Adult: _____

Date: _____

Name of Parent/Guardian/Adult (please print clearly) _____