

Please complete the sections below and the medical form on the reverse. Sign to confirm that you have read and understood the Julie Sianne Theatre Arts Terms & Conditions. Return the completed form to the class teacher or post to: Lesley Evans, 147 Church Road, Byfleet, Surrey KT14 7NF.

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

Parent/Guardian/Adult Name _____

Address _____

 _____ Postcode _____

Email _____

Mobile Ph _____ Home Ph _____

Work Ph _____

Student's 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 four other dance classes.

Payment of Fees: After registration you will be invoiced each term which will include all the payment details.

ONE TERM'S 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. A copy of our Terms & Conditions can be found on our website under the Information menu at www.juliesianne.com.

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

Parent/Guardian/Adult Signature _____ Date _____

Printed Name _____

I am happy for photography and video footage of my child to be used by JSTA for marketing and publicity material. (Website, Facebook, Posters, Banners, Flyers & local press etc.)

We treat your personal information with the utmost care and confirm that no information or photography is shared with third parties.

PLEASE COMPLETE THE CONFIDENTIAL MEDICAL FORM ON THE REVERSE

Please complete the sections below, sign the consent, and provide details of an additional person to contact in case of emergency.

Student/Adult Medical Details

<p>Student/Adult Name(s)</p>	<p>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 you or your child's class experience.</p>

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) _____

Please provide an additional contact in Case of Emergency _____

Mobile Ph _____ Home Ph _____

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.

www.juliesianne.com