Registration Form

Student & Adult Classes

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 email to: Chloe Miles - admissions@juliesianne.com

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

Parent/Guardian/Adult Name

Address

_____

_____ **Postcode** _____

Email _____

Mobile Ph _____ Home Ph _____

Work Ph _____

Please provide at least 2 emergency contact telephone numbers.

Student's Name _____

Date of Birth _____ Academic School Attending _____

Please tick the classes in which you are interested -

- ☐ Ballet
- ☐ Tap
- ☐ Drama
- ☐ 1:1 Singing
- ☐ Lamda
- ☐ Modern
- ☐ Jazz
- ☐ Musical Theatre
- ☐ Progressing Ballet Technique

There is a 50% discount on Musical Theatre Classes (MTC) and Drama classes if taken with four dance classes.

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

TERMS AND CONDITIONS

Attendance at Julie Sianne Theatre Arts is dependent on acceptance of our Terms and Conditions and Privacy Policy. Copies of both 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 Privacy Policy and that I understand and accept them.

Parent/Guardian Adult Signature: Date:

Printed name:

PHOTOGRAPHY

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

Confidential Medical Form

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

Student Name:	Please 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.

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 paracetemol, 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):

Admissions: Chloe Miles, admissions@juliesianne.com
School Administrator & Accounts: Sharon Manders, 07746 957719, accounts@juliesianne.com
Exams: Rosie Barron, exams@juliesianne.com
Festivals: Alex Orbell, festivals@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

HOW DID YOU HEAR ABOUT US?

☐ Web Search ☐ Facebook/Instagram ☐ Word of Mouth ☐ Personal Recommendation
☐ Performances ☐ Roundabout ☐ Flyer ☐ Banner ☐ **Other**