**REGISTRATION FORM**

*Please complete this form and return it to your ballet teacher.*

NAME OF PARENT/GUARDIAN:

STUDENT’S NAME:

DATE OF BIRTH:

EMAIL:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT NUMBER:

MEDICATION DETAILS (IF ANY):

NAME OF NURSERY/SCHOOL:

NURSERY/SCHOOL FINISHING TIME:

PREVIOUS DANCE EXPERIENCE (IF ANY):

HOW/WHERE DID YOU HEAR ABOUT US?:

**IN RETURNING THIS REGISTRATION FORM, I HAVE READ AND AGREED TO THE TERMS AND CONDITION OF MOONE SCHOOL OF BALLET.**