

REGISTRATION FORM
Rosewood Dance Academy
Please complete this form for Health and Safety.



Name of Parent/Guardian _____

Name of Child _____

Date of Birth of Child _____ Year Group _____

Any Medical Conditions that you think I should know about? _____

Full Address _____

Post Code _____

Email Address _____

Telephone Number : Home _____

: Mobile _____

From time to time, photo's of pupils are used on the school website. If you are happy for photos of your child to be used then please sign you acceptance below.

I confirm I give my permission for photos of _____ (name of child) to be used on the Rosewood Dance Academy website.

Sign _____ Date _____

The information on this form is for my records only and is strictly confidential. It will only be used in case of emergency, cancellation of classes and to get in touch during exam periods. Please complete and return this form to Miss Rose Elwood.