

Michelle Gibbs Academy of Dance & Theatre Arts - Enrolment

Name of child

Date of birth

Class Day/Time

Name of Parent/Guardians

Address

.....

.....

Post Code

Tel number Daytime

..... Evening

Emergency contact details

Email

Please list ANY medical conditions / treatments:

.....

.....

If your child has any medical condition or problem for which he/she might require additional support, medication or extra understanding, it is very important that I know about this so I can take proper account of his/her needs.

I do /do not give permission for the first aider to administer first aid should it be required.

I do/ do not give permission for photographs or videos of my child whilst attending the academy to be used for publicity.

Please note the nature of dance occasionally requires pupil-teacher contact for the purpose of placement & correction of technique.

Michelle Gibbs ensures that all data is held securely.

This information is kept in lockable transportable storage & taken to class for emergency contacts only. Your child's personal information is only shared when absolutely necessary e.g. Northants County Council for permission to perform on stage to the public. To ISTD, IDTA for examination purposes and Academy chaperones

All information held on computer is password protected and encrypted.

Parents/carers are requested to inform Michelle Gibbs of any changes to these details or if you no longer wish the academy to hold these details.

Any information provided is kept no longer than necessary and destroyed safely and securely.

I confirm I have read & understood the above information & that I give Michelle Gibbs consent to hold my contact details & my child's personal details. Please tick here

Signature

Date.....

Full Name

Parent/guardian