



Enrolment Form

Child's Full Name:	<input type="text"/>
Child's Date of Birth:	<input type="text"/>
Child's Educational School/College attending:	<input type="text"/>
Please list all dance, drama, singing experience if any: (i.e. grades / styles)	<input type="text"/>
Parent's Full Names:	<input type="text"/>
	<input type="text"/>
Full Address (inc. postcode):	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Emergency Contact 1 (name & relationship)	<input type="text"/>
Emergency Telephone Number 1	<input type="text"/>
Emergency Contact 2 (name & relationship)	<input type="text"/>
Emergency Telephone Number 2	<input type="text"/>
Parent's email address:	<input type="text"/>
Where did you hear about us:	<input type="text"/>

Co-principals: Natalie Woods & Anna Berto

Winsor House, Heaton Mersey Industrial Estate, Battersea Road, Heaton Mersey, Stockport, SK4 3EA

Telephone: 0161 431 5262 **Mobile:** 07904 624 984 **Email:** info@nataliewoods-theatreanddance.co.uk www.nataliewoods-theatreanddance.co.uk



Medical Questionnaire

Please answer all the following questions relating to your child's medical health

1. Does your child suffer from any of the following?

Asthma or chest trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures or epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Does your child take any regular medication?

Yes No

3. Does your child have hearing problems?

Yes No

4. Does your child have poor vision?

Yes No

5. Is your child attending a hospital specialist?

Yes No

6. Does your child have any known allergies?

Yes No

7. Does your child experience any learning difficulties?

Yes No

If answered 'YES' to any of the above
please give details:

I consider my child fit to participate
in physical classes and activities

Yes No

Signed

Printed

Dated

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Natalie Woods
SCHOOL OF THEATRE & DANCE
ESTABLISHED. 1999

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Consent Form

We want pupils at our school to enjoy their time with us and to feel secure and protected during their participation in classes. Please understand that children and young people can not participate in classes unless this parental consent form has been completed and returned and the Enrolment Form & Medical Questionnaire has been completed in full.

I Parent / Guardian

of (Pupil)

have read, understood and have agreed to the school's Terms & Conditions.

I acknowledge the need for responsible behaviour on my child's part throughout the period of attending the 'Natalie Woods School' and the need for him/her to take special note of any safety instructions.

I am satisfied that all reasonable care will be taken for those participating and that adequate staffing and other insurance and safety measures have been taken.

I am aware that photographs may be taken during classes and displayed on the schools website and face book pages. No names will be listed.

I understand that my son/daughter will not be able to join the school unless this form has been returned and completed by me.

I consider my son/daughter to be medically fit to participate in the activities outlined.

Parent's Signature

Child's Name

Date

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 Natalie Woods School Of Theatre & Dance

 @NatWoodsDance