



PLEASE COMPLETE IN BLOCK CAPITALS

First Name	Surname
Date Of Birth	Current Age
Address	Postcode
Telephone (Home)	Mobile
Emergency Contact 1	Telephone Home/Work
Email address	Mobile
	Ethnic Origin
Allergies/Medical Information	Previous Experience
Class applying for	Time

I give permission for photographs to be taken of my child [] (tick)
(These may be used on the Academy website, for publicity materials or general archive)

I have read and understood the terms & Conditions of Starlight Academy of Dance and Performing Arts and agree to abide by them.

Signature Parent/Guardian	
Print Name Parent/Guardian	
Date	

