

REGISTRATION FORM

PLEASE FILL IN AND RETURN TO MISS NIKKI

* Pupils Full Name:
* Pupils DOB:
* Address:
* Home Phone Number:
* Pupils Mobile Number:
* If under 18 – Mums Name & Mobile Number:
* If under 18 – Dads Name & Mobile Number:
* Other Emergency Name & Contact Number:
* Email Address:
* Special Needs if applicable:
* Parent Signature:

**\*Please note: By Signing above you are agreeing to the following Terms and Conditions and GDPR Info:**

(More Details can be found on our Website: [www.njadance.co.uk](http://www.njadance.co.uk))

* Our Fee Policy
* Pupils NOT Taking Subjects at other Dance schools that we offer here
* Any Photo’s or Video footage taken of you/your child may be used as advertising
* Our Behaviour Policy

\*THIS FORM WILL BE SCANNED AND KEPT ON MISS NIKKI’S PASSWORDED COMPUTER AND ALL PAPER COPIES DESTROYED

\*GROUP EMAILS ARE SENT VIA MAILCHIMP – YOUR EMAIL ADDRESS DOES NOT APPEAR ON THE TOP FOR OTHERS TO SEE

\*YOUR MOBILE NUMBER WILL BE KEPT IN MISS NIKKIS PASSCODED PHONES FOR CONTACT AND EMERGENCY PURPOSES ONLY

\*YOUR PERSONAL INFO WILL NOT BE PASSED ON TO A THIRD PARTY APART FROM THE COUNCIL FOR SHOW LICENSES & IDTA FOR EXAMINATIONS

\*IF THERE IS ANY INFO YOU DO NOT WISH TO SHARE PLEASE LEAVE IT OFF THIS FORM

\*IF YOU LEAVE THE NJA YOUR INFO WILL BE DELETED ONCE YOUR BILL HAS BEEN SETTLED IN FULL

**PRINCIPAL: NIKKI SHURVINTON AIDTA & AISTD 07958643005** [**office@njadance.co.uk**](mailto:office@njadance.co.uk)[**www.njadance.co.uk**](http://www.njadance.co.uk)