

**MORPHEW SCHOOL OF DANCE
REGISTRATION & PUPIL INFORMATION FORM**

NAME OF CHILD:

DATE OF BIRTH:

NAMES OF PARENTS:

ADDRESS:

CONTACT NUMBERS - HOME:

MOBILE:

EMERGENCY CONTACT:

**MY CHILD DANCES AT THE BRADFORD/BRATTON/DERRYHILL/HOLT/TROWBRIDGE
BRANCH OF THE SCHOOL** (please circle the appropriate location)

**PLEASE GIVE ANY RELEVANT INFORMATION (ie medical) WHICH MAY AFFECT
YOUR CHILDS ABILITY TO PARTICIPATE IN A DANCE CLASS** (continue overleaf if necessary):

PLEASE GIVE DETAILS OF ANY PREVIOUS DANCE EXPERIENCE:

**I have read, signed and returned a copy of the Morphew School of Dance photography
policy.**

Signed (Parent/Guardian)

Name **Dated**

