

THE SUSAN TAYLOR DANCE ACADEMY
CONTACT FORM 2020

Please fill in and return the form below.

CHILDS FULL NAME:

ADDRESS:

TELEPHONE:

MOBILE:

PUPIL`S MOBILE:

EMAIL:

DATE OF BIRTH

ANY MEDICAL CONDITION:
(E.G. Asthma, Dyslexia)

Please sign below if you agree to the following:

- I understand that the teaching of dance involves a certain amount of “hands on” work and I agree to my child being taught in this way.
- I also agree to my child appearing on the school’s web site and social media if required (name and/or photographs).
- I give permission for STDA to email me will letters and updates.

Signed:(parent/guardian).....

ISTD pin number(This is for STDA use)