



Victoria Hill School of Ballet

07748455093
victoria.hill@zen.co.uk

Dear Parents,

Please could you fill in this registration form, it is the updated version.

NAME OF CHILD: _____

DATE OF BIRTH: _____

NAME OF PARENTS: _____

PARENTS' MOBILE: _____

ADDRESS: _____

POST CODE: _____ E-MAIL: _____

HOME TELEPHONE: _____

Class attended and location: _____

School your child attends: _____

Does your child have any special needs? _____

Are you interested in your child taking exams: _____

Are you interested in your child participating in shows: _____

What do you hope your child will gain from ballet classes:

Has your child attended ballet else-where? If so, up to what level and what results were achieved? _____

How did you hear about the classes? _____

Please Note:

By submitting this form, you understand that if your child is withdrawing from the classes then a full term's notice is required or a term's fees in lieu.

With kind regards,

Vicky Hill