

Child Registration Form

*Please return this form and registration fee to reserve a place for your child*

Child’s full name

Date of Birth Age

Parents’ Names

Address

Telephone

Mobile

E-mail

Nursery/Academic School

Academic School year

Any known physical/mental disabilities/allergies

Where did you hear about us?

Registration Fee £20

(Non-refundable) Received Y N

Class

Day/Time

*Please note half a term’s notice or fees in lieu required if you are withdrawing your child*

To pay by BACS: London Ballet School, HSBC: Sort Code 40-07-04 Account Number: 82257289
(Please Reference your child’s full name)

**Office Use Only**

Date received:

Registration paid: Y/N Fee Paid: Y/N Invoice Required: Y/N Trial Class needed Y/N

