






Tip Top Dance School  
Registration Form 2015  
Summer Term

 [www.tiptopdanceschool.com](http://www.tiptopdanceschool.com)  
 [tiptopdanceschool@gmail.com](mailto:tiptopdanceschool@gmail.com)  
 07809 766407

Full Name: \_\_\_\_\_  Male  Female

D.O.B.: \_\_\_ / \_\_\_ / \_\_\_\_ Age: \_\_\_\_

Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Emergency: \_\_\_\_\_

Please give details of any disabilities or allergies your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Please state how you heard about us \_\_\_\_\_

**Please tick here if you allow your child to go home without supervision**

Amount paid: £\_\_\_\_\_ by Cheque  Cash  Bank Transfer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK TRANSFER PAYMENTS** - HSBC | ACCOUNT NO. 84676920 | SORT CODE 400500

**CHEQUE PAYMENTS** - PLEASE MAKE CHEQUES PAYABLE TO MARIA CASSAR

**CASH PAYMENTS** - PLEASE PLACE CASH IN AN ENVELOPE WITH STUDENT'S NAME

PLEASE RETURN FORM & PAYMENT BEFORE LESSONS START

**Venture Centre Members**

If you are registered with the adventure playground please ask a member of the playwork team to sign below.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use**

Amount received: £\_\_\_\_\_ by Cheque  Cash  Bank Transfer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_