



Registration Form

Childs Full Name Any Physical/Health/Medical Conditions

Childs Date of Birth

Parent's/Guardian's Full Name & Title

.....

Address Emergency Contact and Telephone No

.....

..... How did you hear about Arabesque?

.....

Postcode Which branch of Arabesque would you like to register for? (please tick appropriate box)

Home Telephone No

- Mere Green Friday ____ Saturday ____
- Erdington
- Solihull
- Leamington Spa
- Dorridge

Mobile No

Email

I enclose a cheque for Class Fees & £5 registration fee, payable to Arabesque School of Dance

Signature Date

Weeks Left in Term..... X Class Fee Subtotal..... + £5.00 Reg Fee Total £.....

