

# **IGNITE DANCE COMPANY ENROLMENT FORM**

**PUPILS FULL NAME -**

**PUPIL DATE OF BIRTH-**

**PARENT FULL NAME-**

**ADDRESS-**

**EMAIL ADDRESS-**

**MOBILE TELEPHONE NUMBER-**

**HOME TELEPHONE NUMBER-**

**DOCTORS NAME ADDRESS TELEPHONE -**

**ARE THERE ANY MEDICAL /SPECIAL,EDUCATIONAL DETAILS RELATING TO THE PUPIL  
THAT WE SHOULD BE AWARE OF? PLEASE INDICATE YES / NO AND THEN GIVE DETAILS**

**YES**

**NO**

**ALLERGIES-**

**MEDICATIONS-**

**DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED / FILMED**

**YES**

**NO**

**IS YOUR CHILD INTERESTED IN FESTIVAL /COMPETITION WORK**

**YES**

**NO**

**SIGNED**

**DATE-**

**PLEASE NOTE THAT THE INFORMATION PROVIDED IS EXCLUSIVELY FOR THE USE OF IGNITE  
DANCE COMPANY**

