

Ballet After School Club - KS2

Floreat Montague Park School



Start Date: Monday 9th January 2023

End Date: Monday 20th March 2023

Duration: 10 Weeks

Time: 3.30-4.30pm

Year Groups: Y3, 4, 5 & 6

Cost: £65 (£6.50 per week)

Collection: Please collect your child from outside the main office.

Your child will need:

- 1) Ballet leotard/Sports clothing – leggings, shorts, t-shirt/elibah' T-shirt
- 2) Ballet shoes or bare feet
- 3) Hair tied up
- 4) A drink

Club spaces fill up very quickly so please complete and email this form to Kali Forde at info@elibah.dance first. She will then email back confirming if your child has a space or has been put on a waiting list. You will be notified via email when a space becomes available.

Please note, we now only accept payment via **bank transfer**.

Data, Photography and Videography Consent

Elibah School of Dance will process your child's confidential information – which includes yours and their name, date of birth, address, contact number, email and any medical information only for the below purposes. The data will be stored securely, for no longer than necessary and solely for the completion of those business activities. To ensure the confidentiality of your data and compliance with The General Data Protection Regulation Act (GDPR), Elibah School of Dance will not publish or share your data with any other third parties than mentioned herein.

- I confirm that I agree to Elibah School of Dance using my data in the following way:

Competition Registration, Performance Engagements and Exam Entries (RAD, ISTD and ACROBATIC ARTS)

Elibah School of Dance will take photos and videos during class or at events. This is for rehearsal and publicity purposes only (including social media). No personal data will be shared when advertising.

- Please tick if you are happy for Elibah School of Dance to take photos/videos of your children.

From time to time, Elibah School of Dance may e-mail out information concerning clubs, classes, workshops and performance opportunities.

- Please tick if you are happy for Elibah School of Dance to contact you about upcoming opportunities for your children.

PLEASE WRITE IN BLOCK CAPITALS

Child's Name: _____ D.O.B. _____

Medical Conditions/Information: _____

Name of School/Nursery: _____

Your Address: _____

_____ Post Code: _____

Contact Number: _____

Email Address: _____

Parent/Guardian's Names: _____

Parent/Guardian's Signature: _____ Date: _____

Please note that by signing and returning this form you are agreeing to our full terms and conditions found on our website.