



REGISTRATION FORM

Name(s) _____

Date(s) of Birth _____

Address _____

Telephone Number(s) _____

Email Address _____

Medical Conditions eg Asthma, Epilepsy, Allergies etc _____

How did you hear about **VSD**? _____

School your child attends & School Year _____

Registration Fee: £5.00

Please Note: This is a one off, non-refundable payment to secure your child's place within the Village School of Dance

Any Fees or Uniform orders can be paid by CASH, BACS (info upon request) or CHEQUE made payable to J.GREGORY

By signing this form I/ we have read and understood VSD's Terms and Conditions

Parent/ Guardian Name _____

Parent/ Guardian Signature _____

Terms and Conditions can be found at www.villageschoolofdance.co.uk

Office Use Only

Date Joined

Signature

Registration Fee Paid