



ANJALI OPEN CLASS REGISTRATION FORM

This form was filled in by me (student) Primary Carer/Key Worker/Parent

Student Name _____ DOB: _____

School/College Attended (Under 18) _____

Living arrangements (Please tick appropriate box or specify)

Living at Home Independent Living Residential Care Other _____

Parent/Key worker/Primary Carer name:

Address:

Email:

Please note: we prefer our primary means of regular contact to be email.

Tel: _____

Mobile no: _____ (This is important for emergency use)

Relationship of primary carer to student: _____

EMERGENCY CONTACT (if the primary carer cannot be reached)

NAME:

CONTACT TEL:

Is the student resident at the same address as the parent/key worker/primary carer?

Yes No

If no, please supply address of student:

Is the student able to come/go from class independently? If not, please tell us the names of everyone who is authorised to collect them for class:

Please describe the nature of the student's learning difficulties and/or disabilities:

Please tell us about any medical/health conditions, allergies, dietary restrictions/food allergies, long- term injuries or any other health problems that we should be aware of (e.g. epilepsy, poor balance etc):

Does the student use any medications that we should be aware of (e.g. with noticeable side effects)? If so, does the student carry medications with them and are they able/allowed to administer these medications themselves?

Is the student likely to require any personal care during the class (e.g. help with going to the toilet)? If yes, please state who will be on site to provide personal care. (Anjali staff can escort students to the toilets, but may not go into the toilet with the student to assist them.):

Are there any comments or information about the student you feel may be relevant? (e.g. does the student have any particular interests and/or reasons for joining the class, etc?):

CONSENTS

*I understand that Anjali may sometimes take photographs of classes and performances to document and promote their work. **I consent** to Anjali taking photographs of the student named on this form and using the images for the purposes stated in print and on the Anjali website. **YES / NO**

*In the event of a medical emergency, if I or my emergency contact cannot be reached, **I consent** to the senior Anjali staff member present giving any medical consents that may be required by qualified medical personnel.
..... **YES / NO**

PAYMENT

Payment of £90 per term is payable in advance.

Please pay by bank transfer to: Anjali Dance Company Sort Code: 08-92-99 Account no: 65557491

Alternatively please post a cheque along with this completed form to the address below.

Please return this form to info@anjali.co.uk or Anjali Dance Company, c/o Home Farm House, Wigginton, Banbury, OX15 4JZ.

We will be in touch as soon as possible to confirm your place.

STUDENT/PARENT/PRIMARY CARER SIGNATURE:

PRINT NAME:

DATE: