



**Enrolment Form and Health Questionnaire March 2021**

Please complete all the details on this form and email it back to: [info@demericdance.co.uk](mailto:info@demericdance.co.uk). Once we have received this form you will be sent an invitation from our online 'Portal' where invoices and timetables will be found. All you need to do is create a password as we have done everything else. Please check your Junk/Spam box. All uniform can be purchased from our website: [www.demicdance.co.uk](http://www.demicdance.co.uk). We recommend all students purchase our tracksuit bottoms/sweatshirts to wear for class due to not being able to store coats.

|   |  |
|---|--|
| Students Name:  |  |
| Parent/ Guardian Name:  |  |
| Class Attending:  |  |
| Students Date of Birth:   |  |
| Email Address:  |  |
| Contact Number:   |  |
| 2 <sup>nd</sup> Contact Number:   |  |
| Address:  |  |
| Date Starting:  |  |
| Please list all Known Disabilities, Allergies, Medical conditions or Behavioural/Psychological conditions your child has: |  |

|   |                          |
|---|--------------------------|
| Occasionally we would like to use photographs and video clips from shows and classes to use on our website, if you do not want your child to appear on the website please put a cross in the box. | <input type="checkbox"/> |
|---|--------------------------|

|  |          |
|--|----------|
| Are you, or any one in your household, experiencing any of the following symptoms at present (or have done in the last 14 days)? |          |
| 1. Persistent Cough  | YES / NO |
| 2. High Temperature  | YES / NO |
| 3. Loss of Taste/Smell   | YES / NO |

|  |          |
|--|----------|
| Have you recently travelled outside the UK?  | YES / NO |
| If yes, please state which countries.  |          |
| Please state your date(s) of travel outside of the United Kingdom.   |          |
| Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days? | YES / NO |

**It is important that you tell us of any changes to your child's health. Any student, teacher or family member who tests positive for COVID-19 must immediately inform Demeric School of Dance.**

I, ..... (name of parent/carer) confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with DeMeric School of Dance staff.

The student(s) for which I am responsible, and I agree to comply with all hygiene procedures and rules while present on DeMeric School of Dance sites and understand failure to follow these directives may result in termination of services provided with no refund.

**It is the schools Policy that a 14 days notice is required if you wish to withdraw your child from any class**

Print Name .....

Signature .....

Date .....