**Registered address: 43 Oakfield Avenue, Birstall, Leicester, LE4 3DT**

**Tel: 07843987877**

**Principal: Miss Emma Bateman A.I.D.T.A.**

The I.D.T.A. is a member of the council for dance education and training and the central council for physical recreation. The association examination syllabi have been approved by the school curriculum and assessment authority.

Classes from age 3 in Ballet, Tap, Modern-jazz, Theatre craft, Gym & Freestyle.

**Terms and conditions**

1. Classes must be paid for on the day of the class.

2. Parents/Guardians must inform Miss Emma, at least a week before, if unable to attend classes. Any classes missed without prior notice must be paid for in full at the next class.

3. Invoices for exams must be paid in full before the exam date given.

4. Payments can be made by cash or cheque. All cheque payments add £1.00. Cheques are made payable to Emma Bateman, with pupils name on reverse.

5. If you wish to stop your classes with Rising Stars, please inform us asap in writing. Please give 1 months written notification when discontinuing classes.

6. Please attend regularly and on time for your classes, well groomed, dressed correctly and hair tied back,

7. No jewellery to be worn. Studded earrings for those that have recently been pierced must be covered by plasters. All others must be removed.

8. Parents MUST come into the building to collect their children unless parents feel they are at an age where they can walk out of the building on their own.

9. NO Parents/guardians will be allowed to sit in and watch lessons, there is a waiting room for parents/guardians to wait. This is for protection of all pupils.

10. In the result of injury or illness I will try to provide suitable cover for all lessons where I can. Those that can’t be covered for whatever reason will be cancelled and notice given 24 hours in advance.

11. Pupils are not permitted to participate in dance lessons elsewhere.

Basic school uniform (Dress for examinations please ask)

Black Lycra sleeveless leotard, black Lycra stirrup tights, Black Lycra circular skirt (Younger pupils only) Boys please ask. T-shirt and fleeces available to order from Miss Emma.

Shoes

Ballet: Pink ballet shoes. Tap: Black tap shoes with heel taps. Modern-jazz/freestyle: Bare feet, Theatre

craft: Pink ballet shoes, older pupils: heeled shoes.

**Registration form**

(Please fill in, detach and return to Miss Emma)

Name of pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Emergency contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical conditions or complaint (I.e. asthma, diabetes etc. Please include special needs)

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**During your time at Rising Stars Academy, photographs may be taken for advertising purposes. Do you give consent for them to be taken and used?**

**Yes No**

**I understand that Rising Stars Academy will only be responsible for myself/my child during the times of the session (s)**

**I have read and agree to the terms & conditions**

**All information given is treated in strictest confidence. Date completed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to all the above terms & conditions:**

**Parent/Guardians signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_