AUTUMN TERM (Sept to Nov 2016) ONLINE REGISTRATION FORM FOR CARNATIC VOCAL & FLUTE

IT IS IMPERATIVE THAT THE FEES ARE PAID BEFORE THE 1ST DAY OF THE CLASS TO GAIN ACCESS TO THE CLASS.
PLEASE BRING THIS FORM COMPLETED & FEES PAID ON THE 1ST DAY OF THE CLASS AND HAND THE FORM TO THE CLASS TEACHER.

Month	Dates
Sept	**10, 17, 24,**
Oct	**1,8,15,22,29**
Nov	**5,19,26 (12th of Nov is the Annual showcase of our academy students so no class)**

LEVEL	TERM FEE (£)
Beginners Vocal & Flute	110 (£10 /SESSION)
Intermediate Vocal & Flute	143 (£13/SESSION)
One to One Sessions	To be discussed with the tutors (£25/SESSION)

TIME	SUBJECT
9:30 – 10:30	Beginners Vocal
10:30 – 11:30	Beginners Flute
11:30 - 12:30	Intermediate Vocal
12:30 – 13:00	Lunch Break
13:00 – 14:00	Intermediate Flute

NAME OF STUDENT …………………………………   DOB…………………………………
NAME OF THE PARENT……………………………
ADDRESS & POST CODE   …………………………………………..
MOBILE NO…………………………………
EMAIL……………………………………………………………………….
SIGNATURE OF THE PARENT / GUARDIAN ……………………………….

Child Protection: Dance is a physical activity involving movement with a gymnastic quality. It may involve contact between teacher and student, for example during corrections to aid safe practice. All contact will however be kept to a minimum and used only with consent.

Permission for performance, photography and video: Kala Sangam presents community performances. If you agree for your child to participate in such events, be photographed or video taken for documentation and evaluation, please tick the box.

Remittance Details: The details of the Kala Sangam account no and sort code is given below. For purpose of our financial monitoring, it is necessary to provide your transactional details in this section. Please mention the name of the child and (Aut CM 2016) whilst making the BACS transfer and please provide all the details below:

Bank: Unity Trust Bank
Account Name: Kala Sangam The Academy of South Asian Performing Arts
Account Number: 20261379   **Sort Code:**   08–60-01

Name of Student: **Payment:**
Date of the transaction done: **Reference Cheque/BACS Transfer No:**

If your child has any difficulties (physical/mental/learning), please mention below:

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SIGNATURE&DATE