



**SPRING TERM (Jan to April 2017) ONLINE REGISTRATION FORM FOR DANCE**

**The student will not be allowed in the class if the fees have not been paid before the 1<sup>st</sup> day of the class.**

Parents can observe the class on every alternative class starting from the 21<sup>st</sup> of Jan 2017.

Month	Dates
Jan	21, 28 ,
Feb	4, 11, 18, 25
Mar & April	4, 18, 25, 1, 8

DANCE	LEVEL	TERM FEE (£)
Bharatanatyam	Foundation	110 (£10 /SESSION)
	Intermediate	143 (£13/SESSION)
One to One session		To be discussed with the tutors ( £25/SESSION)

TIME	SUBJECT - BHARATANATYAM
9:30 – 10:30	One to One session
10:30 – 11:30	Beginners level Bharatanatyam
11:30 to 12:30	Intermediate level Bharatanatyam
12:30 to 1:00pm	Lunch Break
1:00 to 2:00pm	One to one sessions

**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 (Bradford Dance) 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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Signed: _____	Date: _____
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