



**Dear Parent /Carer,**

Thank you for your recent enquiry to join JL Dance Company.

To enrol please complete and return this information pack and return to JL Dance Company.

Should you require any further information, or if you wish to visit please do not hesitate to contact JL Dance Company.

Yours Sincerely,

Miss Jo and Miss Lucy



### **Child's Personal Details**

Child's Full Name	
Is the Child known as another name? <b>Child's Details</b>	
Child's Date of Birth	
Child's Address (including postcode)	
Telephone Number	
Email Address	

### **Family Details**

Name of adults	Relationship to Child	Contact Details
Main Parent/Carer		Work Telephone  Mobile Telephone
Parent/Carer		Work Telephone  Mobile Telephone



**Emergency Contacts / Collection Authorisation**

Please provide details of up to 4 people that you authorise to collect your child from JL in addition to those named on the previous page.

To safeguard your child we WILL NOT let your child leave with anyone that we do not have details for or that you have not pre-arranged with us to collect.

**We WILL NOT allow any child to leave JL with anyone under the age of 16 years.**

	<b>1</b>	<b>2</b>
Name of Contact		
Relationship to Child		
Contact Telephone Numbers		
	<b>3</b>	<b>4</b>
Name of Contact		
Relationship to Child		
Contact Telephone Numbers		

<b>Password:</b>
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**Medical Details/Other Needs/Other Agency Support**

This section is to be used to inform JL of:

- any medical conditions that your child has or has had in the past that we may need to be aware of
- any special needs your child has

This will enable us to ensure your child receives the most appropriate care.

Does your child have any allergies or have previously been allergic to anything (including food)?	<b>YES / NO</b> If "YES" please give further information
Does your child have or previously had any medical conditions?	<b>YES / NO</b> If "YES" please give further information
Does your child require an inhaler or epi – pen?	<b>YES / NO</b> If "YES" please give further information
Is your child using any long term medication?	<b>YES / NO</b> If "YES" please give further information
Does your child have any complex medical needs special education needs or an identified disability	<b>YES / NO</b> If "YES" please give further information



**Emergency Treatment Permission**

**In the unfortunate event of an emergency or accident occurring we must ensure that your child receives the best and the most appropriate care. To enable us to do this, please sign the declaration below:**

**DECLARATION**

I/We give permission for my/our child to receive appropriate medical attention and treatment should an emergency occur. I/We understand that I will be contacted as soon as possible about the emergency or accident and that staff may accompany my child to hospital in my absence if necessary.

Name of Child		Date	
Name of Parent/ Carer		Parent/Carer signature	

**Social media permission**

JLDC will take photos to upload to social media accounts to share with parents/carers and to promote the service, photos are taken on iPads that are owned by JLDC only, however please let us know below if you do or do not wish to have pictures of your child/children on social media.

**DECLARATION**

I DO/DO NOT give permission for my child to be photographed and put on social media.  
(please delete as appropriate)

Name of Child/ Children		Date	
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Name of Parent/ Carer		Parent/Carer signature	
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**Fees policy**

- Fees are to be paid monthly within the 30 day period.
- Invoices will be sent via email, parents must provide an up to date email address
- Late payment; if no payment is made within the 30 days of the invoices being issued a £10 charge **will** be incurred, if no payment is made in the following 7 days the place will be suspended until payment has been made in full.
- In cases where no payment is made, parents/carers will be offered a payment plan. If this is then not adhered to, JLDC will take this further and submit a money claim through a legal platform.
- Fees are payable by direct debit/ standing order.
- There is no reduction in fees as a result of sickness.
- We understand that there will be times when you will be unavoidably late to collect your child; however a charge of £10.00 per 15 minutes will be made where there is persistent lateness. If there is persistent lateness parent/carers will be invited into the studio to discuss why they cannot collect their child on time, after this meeting a late collection may result in your child’s place being terminated.

**Fee’s Policy Declaration**

- I have read and understood this fee’s policy and I agree to comply with them.
- I agree to pay fees by, direct debit/ standing order within 30 days of my invoice being produced.

Child’s Name: .....

Parent/Carers Name: .....

Parent/Carer Signature: .....

Date: .....

**PLEASE NOTE: OUR BANK DETAILS ARE:**



**Sort Code: 05 09 84**  
**Account Number: 21360984**  
**Account Name: Lucy Tindle**  
**Bank Name: Yorkshire**

**Please use your child's name as a reference**

**Declaration**

- I wish for my/our child to attend JLDC
- If I am aware that any of the information included in this form needs to be change, for example other people who can collect my/our child, additional medical needs or changes to permissions, I will inform JLDC asap.

**GDPR Declaration & Consent Form**

It is a requirement that Parents and carers give their consent for each service where data is shared. Data Protection Act (1998) and the new General Data Protection Regulations, which came into effect in May 2018. I declare that all information I have provided to JLDC is true to my knowledge. I understand that the information I have provided will be kept on file.

Name of Child	
Name of Parent/Carer	Signature / Date
Name of Centre Staff	Signature / Date

**Thank you for choosing JLDC**