

# After School Disney Dance Club

Delivered By



During this club you will listen, sing and dance along to famous Disney songs, creating and learning a variety of fun routines.

**Starts:** Every Wednesday from 11<sup>th</sup> June to 9<sup>th</sup> July (5 sessions)

**What Time:** After School from 3.15pm to 4.15pm

**Cost:** Free

**Who is it for:** Year groups Y1 and Y2

Please complete the registration form and return it to school by Monday 2<sup>nd</sup> June 2025. You will receive a notification via MCAS if you have been allocated a place or not.

If you have any questions or require further information, please see school reception or alternatively call John Bell on 07494749226.



## Personal Details

<b>Child's First Name</b>		<b>Child's Last Name</b>	
<b>Address and Postcode</b>			<b>Name of Club</b> <b>Disney Dance Jun-Jul 2025 Years 1 and 2</b>
<b>Date of Birth</b>			<b>Class and Year</b>
<b>(Please circle one)</b>	<b>Male</b>	<b>Female</b>	<b>School Attended</b> <b>Rawmarsh Ashwood</b>

## Emergency Contact Details

<b>Name 1</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	
<b>Name 2</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	

## Medical Information / Behaviour / Disability

*(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.*

## Consent

<b>General Consent (tick as appropriate)</b>	<b>Yes</b>	<b>No</b>
I consent to my child having his/her picture taken for promotional/website purposes	<input type="checkbox"/>	<input type="checkbox"/>
I consent to members of the local press being invited to take pictures of my child	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present	<input type="checkbox"/>	<input type="checkbox"/>

Can you please confirm who will collect your child after the activity?

Student name \_\_\_\_\_

Will be collected by ..... (name of the person who will be picking them up)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_