



CLASS REGISTRATION FORM

CHILD'S NAME:

PARENT / GUARDIANS NAME:

CHILD'S DATE OF BIRTH:

ADDRESS:

..... POST CODE:

EMAIL:

CONTACT TELEPHONE NUMBERS (inclusive of area code)

DAY: EVENING:

MOBILE:

JO JINGLES CLASS LOCATION:

CLASS-AGE GROUP:

JO JINGLES TEACHER'S NAME:

DAY OF CLASS: TIME OF CLASS:.....

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS SUCH AS ASTHMA, EPILEPSY, ALLERGIES OR ANY OTHER SPECIFIC NEEDS THAT WE SHOULD BE AWARE OF:

.....
.....

WHERE DID YOU HEAR ABOUT JO JINGLES:

.....

PLEASE TICK THIS BOX IF YOU DO NOT WISH TO BE CONTACTED VIA POST OR EMAIL WITH DETAILS OF JO JINGLES OR SELECTED THIRD PARTY PROMOTIONS

PLEASE TICK THIS BOX IF YOU DO NOT WISH FOR YOUR CHILD TO BE INVOLVED IN ANY PUBLICITY PHOTOS / FILMING THAT MAY BE TAKEN WHILST YOUR CHILD IS ATTENDING JO JINGLES CLASSES.

I WISH TO ENROL MY CHILD INTO JO JINGLES CLASSES AND I ACCEPT THAT I WILL TAKE FULL RESPONSIBILITY FOR MY CHILD FOR THE DURATION OF THE CLASS IN LINE WITH JO JINGLES HEALTH AND SAFETY GUIDELINES, AND ACCEPT THE INSURANCE COVER PROVIDED.

SIGNED: DATE:

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO THE ABOVE ADDRESS