

KIDKAST BOOKING FORM 2017 - 2018

Name 1 _____ Date of Birth _____

Name 2 _____

Name 3 _____

Name 4 _____

Address _____

Landline: _____ Parent Mobile 1 _____

Email _____ Parent Mobile 2 _____

We will use the email address and mobile phone number for notifications re classes

Name of parent/guardian(Block Caps) _____ Signature of parent/guardian _____

Occasionally we may use video or photography in class or performances for promotional, educational, website purposes or for our own records.

Please tick this box if you **do not** wish your child to be filmed or photographed.

Please inform us in writing if your child has any injuries/allergies/illnesses

Send completed Application form with the appropriate fee to:

Kidkast, Old Abbey Dance Studios, Old Abbey Lane, Drogheda, Co. Louth

cheques and postal orders should be made payable to Kidkast.

Please do not send cash by post.

Term Dates 1) Sept 5th - Nov 20th

2) Nov 21st - Feb 12th

3) Feb 13th - May 7th

4) May 8th- June 30th

Office use only

Date of Enrolment: _____

Classes: _____

Please see website for more detailed term dates. www.kidkast.ie