



March 2018

Dear Parent / Carer,

Urban Stylez Street Dance

The early morning Urban Stylez Street Dance club will continue next term. Children can sign up for **either** the Tuesday **or** the Wednesday class – both classes are open to all ages and abilities. The classes take place in the Hall from 8.00am to 8.45am, commencing on 1st/2nd May and running until 10th/11th July. The cost for the term will be £35 (10 sessions).

If your child would like to join the Street Dance club, please complete the slip below and the attached sign up form and return to the school Reception by **Tuesday 27th March**.

Children will need to be brought to the Hall fire door where they will be registered by Jenna Ellis, the dance instructor. Children should arrive in comfortable clothes (ie. leggings or track suit bottoms, t-shirt and trainers). They should also bring their school uniform with them for a quick change at the end of the session.

There are 25 spaces available for each session. **Places will be allocated by pulling names out of a hat if more than 25 apply.**

Many thanks,

The Charvil Piggott Primary Team

Permission / Booking Slip – Early Morning Urban Stylez Street Dance Club

I confirm that I would like my child, _____ to attend Street Dance club on:

- Tuesday mornings
- Wednesday mornings
- No preference (optional: name of 1 friend they would like to be placed with: _____)

Signed: _____ Parent Name: _____ Date: _____

Cheques / cash (in correct change) may be brought into the office in a sealed named envelope or payment may be made direct by Bacs (details on sign up form).

Please return this booking slip and the sign up form by Tuesday 27th March



Head Teacher Mr D J Gray MA, NPQH

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URBAN STYLEZ STREET DANCE CLUB – SIGN UP FORM

Charvil Piggott Primary School

This form should be completed, on behalf of the dancer, by the parent/guardian responsible.

Return to the school Reception, for the attention of **Jenna Ellis – Urban Stylez Director**

Full Name of Dancer			
Date of Birth		Age	
Home address			
	County:	Postcode:	
Email Address			
Emergency Contacts Names	Contact 1:	Contact 2:	
Mobile Telephone Number			
Home Telephone Number			
Relationship to Dancer			

Are you receiving medical treatment at present (CIRCLE)? **YES** **NO** (If Yes, please give details):

Please give details below of any medical conditions that might affect your performance or safety in class:

Please **CIRCLE** method of payment: **CASH / BACS** (only make payment once your place is confirmed)

BANK DETAILS: LLOYDS TSB, Urban Stylez, Sort Code 30-96-26, Acc No. 29267660 (ref: child's name)

- I undertake to inform Urban Stylez of any changes in my fitness.
- I agree to Photographs or Videos being taken in the Street Dance Class (if you have objections to this, please notify us in writing)
- I have ensured, as far as possible, that I understand the importance for my safety that any instructions given by staff are followed.

Signature of parent/guardian (on behalf of dancer):

Full name of parent/guardian: Date: