

Application and Medical form for Essex Dance Theatre Summer School

Child's name: _____ Age: _____

2nd child: _____ Age: _____

3rd child: _____ Age: _____

Address: _____

Home phone no. _____ Work phone no. _____

Mobile no. _____ Emergency phone no. _____

Cost (includes craft money)

9:30am – 3:30pm £90 per week for first child
 £80 per week per additional family child

8:30am – 5:00pm £100 per week for first child
 £90 per week per additional family child

Payment must be sent together with the application form
payment is non refundable

Weeks required	No. of places required	9.30am – 3.30pm £90/£80 <input checked="" type="checkbox"/>	8.30am – 5.00pm £100/£90 <input checked="" type="checkbox"/>	Total payment for week
26 July – 30 July 2010		<input type="checkbox"/>	<input type="checkbox"/>	£
2 August – 6 August 2010		<input type="checkbox"/>	<input type="checkbox"/>	£
9 August – 13 August 2010		<input type="checkbox"/>	<input type="checkbox"/>	£
16 August – 20 August 2010		<input type="checkbox"/>	<input type="checkbox"/>	£
			Total	£

Please find enclosed cheque for total amount of £ _____
 made payable to: Essex County Council. **Send self addressed envelope for confirmation**

Return to: Essex Dance Theatre,
 Essex County Dance Studios,
 Dorset Avenue,
 Great Baddow,
 Chelmsford CM2 9UB



Medical details

Date of birth

Child's name: _____

2nd child: _____

3rd child: _____

Address: _____

Emergency phone no. _____

Name of Doctor: _____

Doctor's phone no. _____

Doctor's address: _____

Please give as much information as you can. If they've had it, got it or something that looks like it, we need to know so that we can be prepared for any medical emergency. We will only share this information in such an emergency for the safety and wellbeing of your child.

Any childhood illness?

Any major injuries? (broken bones, etc.)

Any medical conditions? (skin or respiratory allergies, asthma, etc.)

Any regular medication? (please give details)

Any worries or concerns?

We request your permission for our staff to act on your behalf in regard to your child's well being and safety. Please sign to confirm you give your permission.

Please also remember to put contact details on the application form in case of any queries.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Essex County Council handles information in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998 and is the data controller for the purposes of the Data Protection Act 1998. The information will only be used for the purpose of emergency contact during your child's time with us. Your personal information will be held on a database for the course length. It will be used to send you information about the following course. If you have any concerns about the way we handle personal information or would like to see any personal information held on you by Essex County Council please contact Information Essex County Council, PO Box 11, Chelmsford, CM1 1LX. 01245 431851, isis@essex.gov.uk