Essex County Council

Essex Dance Theatre

Application and Medical form

for **Essex Dance Theatre Summer School**

First child's name: ______________________ Age: ________

Second child's name: ______________________ Age: ________

Third child's name: ______________________ Age: ________

Address: ______________________

Email: ______________________

Home phone number: ______________________ Work phone number: ______________________

Mobile number: ______________________ Emergency phone number: ______________________

COST (includes craft money)

9.30am to 3.30pm £120 per week for first child
£110 per week per additional family child

8.30am to 5.00pm £130 per week for first child
£120 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 to 3.30pm £120/£110	8.30am to 5pm £130/£120	Total payment for week
29 July to 2 August 2024		Yes	Yes	£
5 August to 9 August 2024		Yes	Yes	£
12 August to 16 August 2024		Yes	Yes	£
			Total	£

Please find enclosed cheque for total amount of £ [ ]

Made payable to: **Essex County Council**. Confirmation of your booking will be sent by email.

To Pay by BACS Transfer please email paulene.sorrell@essex.gov.uk for details.

BACS transfer sent [ ]

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

www.essexdancetheatre.co.uk

Essex County Council

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Medical Details

for **Essex Dance Theatre Summer School**

First child's name: ______________________ Date of birth: ____________

Second child's name: ______________________ Date of birth: ____________

Third child's name: ______________________ Date of birth: ____________

Doctor's name: ______________________

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.**

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