

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 | £130 per week for first child £120 per week per additional family child |
| | 8.30am to 5.00pm | £150 per week for first child £130 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 £130/£120 | 8.30am to 5pm £150/£130 | Total payment for week |
|-----------------------------|------------------------|-------------------------------|----------------------------|------------------------|
| 28 July to 1 August 2025 | | Yes | Yes | £ |
| 4 August to 8 August 2025 | | Yes | Yes | £ |
| 11 August to 15 August 2025 | | 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

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: _____