## **TERMLY REGISTRATION & INVOICE FORM**

PUPILS NAME:	D.O.B:
PHONE NUMBER: E	MAIL:
ADRESS:	
PARENT/GUARDIANS NAME:	
<b>MEDICAL CONDITIONS/ ALLERGIES:</b> Please inform your child's teachers if you feel are relev	rant.
Photo consent/non consent has already been given. Please let us know if you would like to amend or check this.	
CLASSE(S):	
TOTAL FEES DUE = £	
<b>INSTALMENT PAYMENTS?</b> - HALF TERMLY / MONTHLY = £	
Method of payment and date/s (online/cash/chq):	
OUR TERMS AND CONDITONS:	
	e given in writing if a child wishes to leave Collective or
	ncur half a terms fee for <u>each class</u> your child attends.
<ul> <li>Invoice forms should be completed and sent t of each term.</li> </ul>	o <u>collectivedancefinance@gmail.com</u> before the beginning
	st Saturday of each term (Instalments: Half termly - due the
	the 1 <sup>st</sup> of each month). Late payment fees will be added to
fees if any payments are received after these	
- Pupils should attend their class(s) in correct u	niform
- We are unable to offer refunds on missed class	ses
<ul> <li>Fees are paid termly; we are unable to offer p</li> <li>PAYING OF FEES:</li> </ul>	ay as you go classes
Online payments preferred, please see details below (	cheques and cash still accepted):
D M Hemmings t/a Collective Dance & Drama Sort Code: 60-15-30	
Account number: 05646219	
PLEASE add your child's name as the reference.	
By ticking, you are confirming you have read	understood and agree to Collective's terms and conditions.
Signed:	
Date:	