



[www.janedouglass.com](http://www.janedouglass.com) [info@janedouglass.co.uk](mailto:info@janedouglass.co.uk) 01628 440109



## ***JDFD Youth Moves @ Marlow C of E Infants***

***Dance & Fitness Classes for Boys & girls***

***MONDAYS AFTER SCHOOL 3.15 to 4pm from 13<sup>th</sup> September - year 1 & 2***

JDFD have been delivering dance and fitness classes for the past 24 years, building confidence & skills in dance and fitness. The class, includes Street & Creative Dance as well as dance games. We are delighted to be able to offer this club to children in both year 1 & 2.

Term dates: 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup> Sept, 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, Oct (half term) 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup> Nov, 6<sup>th</sup> Dec

12 week term £96

BACS PAYMENT sort: 09-06-66 a/c 40196812 Jane Douglass Fitness & Dance (no cheques or cash)  
Reference SURNAMECHILD-YM

**IMPORTANT: do not pay until we confirm your place**

Places are secured on receipt of full payment and a fully completed health form (attached ) without this form in advance you cannot be admitted to class and we will have to be very strict on this. Please print and post to 3, Woodland Close, Marlow, Bucks, SL7 3LE. OR return as a word document attached to an email only.

To book please email Jane [info@janedouglass.co.uk](mailto:info@janedouglass.co.uk) 01628 440109

We have a range of other classes for children and adults please go to [www.janedouglass.com](http://www.janedouglass.com)  
Including **another infants class on Thursdays 4pm in town for Reception, year 1 & 2** – great if you have siblings who need to be together!!



**MEDICAL CONSENT FORM/CONTACT SHEET AND HEALTH QUESTIONNAIRE**

Surname..... First Name..... Date of birth .....

Home Address.....

Parental email.....

In the event of an emergency who should we contact?

Contact 1 NAME..... Tel home/work ..... Relationship to child .....

Contact 2 NAME..... Tel home/work ..... Relationship to child .....

**Health Questionnaire**

Please can you tick if your child suffers or has suffered from any of the following: Delete as necessary

Asthma/other breathing condition	heart condition	diabetes	epilepsy
Glandular fever	allergies	arthritis	hearing impairment
Sight impairment	verruca's		

**IMORTANT** If your child has an **inhaler** it is essential you advise the teacher in regard to usage during class

**Epi -pens:** must be discussed with teacher.

Is taking prescribed medicine. Please give details

Has any learning needs (disclosure is optional but enables us to give the best tailored learning experience for your child)

Is recovering from an illness or operation

Has any discomfort or injury which may be worsened by this kind of activity.

Has your child had COVID19?, are they fully recovered (this info is required as there are adaptations for safe return to exercise if symptoms linger)

- I confirm that where any of the above applies or becomes applicable, I am responsible for checking with my doctor and advising the teacher where appropriate and for following any guidelines given by either or both of them.
- In the event of my not being able to be contacted I consent to my child receiving medical treatment in an emergency
- I confirm that we are happy for our child/children to be photographed and or filmed during any performances that take place between SEPTEMBER 2021 and SEPTEMBER 2022 and for these images to be used for JDFD publicity.
- I understand that half a terms notice is required if leaving any class. (Leaving may only be at the end of a complete term)
- I understand where I can find the JDFD privacy policy & Safeguarding Policy (found on website)
- I have read the terms & conditions – which include COVID19 arrangements & agree to adhere to them
- I will not send my child to class if he/she is unwell and if any member of our household has tested positive for COVID19
- I will inform JDFD if anyone in my household is isolating due to being in contact with an infected person.

Parents signature ..... printed name ..... date .....