

A CHANCE TO DANCE 2019

Monday 22 – Friday 26 July 10am – 12.30pm (Facilitated by Carol Ann Farrelly)

Child's Name: _____ Age _____

Name of Parent/Guardian: _____

Contact Number **whilst child is attending class:** _____

Email Address: _____

Please give details of the specific special needs of your child relevant whilst in this class.

What are your child's strengths/skills/areas of interest?

What types of activities/interactions are challenging for your child?

Does your child experience any of the following? Please tick any relevant issues and give further details below if applicable.

High/Low Blood Pressure _____

Dizziness/Fainting _____

Diabetes _____

Epilepsy _____

Allergies _____

Asthma/Respiratory Problems _____

Bone/Joint/Muscle Problems _____

Attention Deficit Disorders _____

OTHER _____

In case of emergency can we have your permission to call a doctor? Yes/No

Please return this form to anne@birrtheatre.com or Box Office Mon - Fri 1-5:30pm