

Member Registration Form



Member Details

Name:		Telephone:	
Address:		Mobile:	
		E-mail Address: (required)	
Date of Birth:		Starbrite Location:	<input type="checkbox"/> Starbrite Studios, Shiptonthorpe <input type="checkbox"/> York <input type="checkbox"/> Other (please specify) _____
How did you hear about us?			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Medical Details

Please provide details of any medical conditions and/or medication the member is taking, and any other information that may assist with the management of any allergies, disabilities, or illnesses that the member is suffering from. By signing this form you are agreeing that the member is in a fit state to embark on the Starbrite activities you are enrolling for. You are agreeing to inform us of any changes in your personal circumstances. Before undertaking any Starbrite activities for the first time, you should consult your doctor. If you are pregnant or become pregnant, please inform us at the earliest opportunity, accompanied by written medical confirmation that you are able to continue with the Starbrite activity.

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Previous or Current Experience/Tuition Received

Please provide details of any relevant previous experience the member has, such as performing arts schools attended and qualifications attained.

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Registered Classes

Class	Day/Time	Class	Day/Time	Class	Day/Time
Acrobatics		Shooting Stars Acro		Starstruck Junior	
Ballet & Pointe		Shooting Stars Dance		Tap	
Commercial		Shooting Stars Funky		Twinkles Stay & Play	
Drama		Shooting Stars Theatre		Tumbling	
Jazz		Singing			
Jazzercise		Starstruck			

Emergency Contact Details

Contact 1 Name:		Contact 2 Name:	
Telephone Number:		Telephone Number:	
E-mail Address:		E-mail Address:	
Relationship to Member:		Relationship to Member:	

Many of our classes that involve younger members have female Classroom Assistants (CAs) present, who are older Starbrite students who share a passion for performing arts. The CAs' role is to assist our younger members whilst in class, to help them to settle in, and to escort them to and from the toilet, which may be situated outside of the class room. By signing this form, you are providing your consent for the CAs to perform these duties.

I give consent for my child's photo to be used for promotional and marketing purposes.

Signature	Relationship to Member	Date

For Starbrite Studios use only	
Date entered into database:	Entered by:

Starbrite Studios

Units 13-15 Brookfield Business Park, Clay Lane, Shiptonthorpe, YO43 3PU
 01430 803170 | www.starbritestudios.co.uk | info@starbritestudios.co.uk

Member Assessment Form

(to be completed by Starbrite Studios)



Teacher Assessment

Class:		Did they interact well? Y / N	Other class suggestions? Any other comments:
Day:		Did they listen to instruction? Y / N	
Time:		Was this class suitable? Y / N	
Teacher:			
Class:		Did they interact well? Y / N	Other class suggestions? Any other comments:
Day:		Did they listen to instruction? Y / N	
Time:		Was this class suitable? Y / N	
Teacher:			
Class:		Did they interact well? Y / N	Other class suggestions? Any other comments:
Day:		Did they listen to instruction? Y / N	
Time:		Was this class suitable? Y / N	
Teacher:			
Class:		Did they interact well? Y / N	Other class suggestions? Any other comments:
Day:		Did they listen to instruction? Y / N	
Time:		Was this class suitable? Y / N	
Teacher:			
Class:		Did they interact well? Y / N	Other class suggestions? Any other comments:
Day:		Did they listen to instruction? Y / N	
Time:		Was this class suitable? Y / N	
Teacher:			

Customer Assessment

	Poor	Satisfactory	Good	Very Good	Excellent
1. How quickly was your initial enquiry answered?	1	2	3	4	5
2. Was it answered with a positive tone?	1	2	3	4	5
3. Upon arrival were all your questions answered?	1	2	3	4	5
4. Did you find the welcome pack informative?	1	2	3	4	5
5. Was you made to feel welcome upon arrival?	1	2	3	4	5
6. Was you greeted with a smile?	1	2	3	4	5
7. Did your child have a positive first class experience?	1	2	3	4	5
8. Would you recommend Starbrite to a friend?	1	2	3	4	5

Initial follow up complete date:		Four week follow up date:	
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