

SPIRITUAL DANCE APPLICATION & PARENTAL CONSENT FORM

Venue: On School Premises

Learner Information

Learner's Full Name: _____

Grade / Class: _____

Age: _____

School: _____

Parent / Guardian Information

Parent / Guardian Full Name: _____

Relationship to Learner: _____

Contact Number(s): _____

Email Address: _____

Purpose & Nature of Spiritual Dance

Spiritual Dance is a faith-based, expressive movement activity that allows children to worship through movement in a safe, age-appropriate, and child-friendly manner.

The programme aims to build confidence, creativity, discipline, coordination, teamwork, and support emotional and spiritual wellbeing. Participation is voluntary and respectful of each child's comfort level.

Parental Consent

- I understand that Spiritual Dance is a Christian, worship-based activity.
- I give permission for my child to participate in the Spiritual Dance activity.
- I understand that participation is voluntary.
- I acknowledge that all reasonable care will be taken to ensure my child's safety.

Health & Safety Information

Any medical conditions: _____

Any physical limitations or injuries: _____

Emergency Contact Name & Number: _____

- I give permission for basic first aid if required.

Photography & Media Consent

- I give permission for photos/videos to be used for school or ministry communication.
- I do not give permission for photos/videos of my child.

Code of Conduct

Learners are expected to show respect, participate positively, follow instructions, and wear appropriate attire.

Declaration

I confirm that the information provided is accurate and that I give informed consent.

Parent / Guardian Signature: _____

Date: _____

School Use Only

Received by: _____ Date: _____