

# APPLICATION FORM



CHILD'S FULL NAME:			
DATE OF BIRTH:		CURRENT AGE:	
FULL ADDRESS:			
	POST CODE:		
GENDER:			
DAY SCHOOL ATTENDING:			

## PARENT / GUARDIAN DETAILS

PARENT / GUARDIANS NAMES:	
HOME TELEPHONE NUMBER:	
MOBILE CONTACT NUMBERS:	
EMAIL ADDRESS:	
NAME AND AGE OF ANY SIBLINGS ENROLLING:	

## OTHER DETAILS

IS THERE ANY MEDICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE OF:	
WHERE DID YOU HEAR ABOUT YOUNG THEATRE SCHOOL LTD:	

## CLASS DETAILS

WHEN WOULD YOU LIKE YOUR CHILD TO START:	
PLEASE TELL US THE DAY AND TIME OF YOUR PREFERRED CLASS:	
ANY OTHER INFORMATION:	

I CONFIRM THAT I AM THE LEGAL PARENT / GUARDIAN OF THE CHILD NAMED ABOVE  (please tick)

I AM HAPPY FOR MY CHILD TO BE PHOTOGRAPHED AND RECORDED BY STAFF AT YOUNG THEATRE SCHOOL LTD.  
(THIS WILL ONLY BE USED BY THE SCHOOL FOR ADVERTISING/PROMOTIONAL PURPOSES)  (please tick)

NAME	SIGNATURE	PARENT/GUARDIAN	DATE