

REDROOFS THEATRE SCHOOL PART TIME CLASSES REGISTRATION FORM

To enrol your child please complete this form and return it to:

Redroofs Theatre School, 26 Bath Road, Maidenhead, SL6 4JT

Childs Surname _____ Childs First Name _____

Date of Birth _____ Home Telephone _____

Please complete this box for dates and classes required:

<u>Term</u>	<u>Start Date</u>	<u>Full Names of Classes Required</u>
Autumn		
Winter		
Spring		
Summer		

Fathers Full Name, Email Address, Home Address including postcode and Contact Number

Mothers Full Name, Email Address, Home Address including postcode and Contact Number

Please note here any other family members or friends attending Redroofs classes

How did you hear about Redroofs?

Please give here any details of dance, music or drama exams passed, and any professional experience obtained: _____

Agreement

I/We request that the name of the above-named prospective pupil be registered for entry in the Part Time School. I enclose the non-refundable Registration Fee of £15, and agree to pay a deposit of £50 (fully refundable without interest upon termination of classes provided that the correct written notice has been given and no outstanding amounts remain on the pupils account).

Signature of Father _____ **Signature of Mother** _____

Name in Full _____ **Name in Full** _____

Date _____ **Date** _____

PLEASE NOTE THAT PUPILS CANNOT BE ENROLLED UNTIL THIS FORM IS COMPLETED AND RETURNED WITH THE REGISTRATION FEE - AN INVOICE WILL BE SENT OUT WHEN THE PLACE IS CONFIRMED.

office use only

reg fee paid: _____ any other info: _____