



Theatrics Student Enrolment & Contact Details

This form must be completed and returned prior to the commencement of the first class

07905 222418
nicky@theatrics.biz

Please print clearly

Parent / Guardian Information

Preferred Title Mr. Mrs. Ms. Miss Dr.
(Please Circle)

Name

Relationship
(i.e. Mother)

Address

Post Code

Mother's email Address

Father's email Address

Home Phone

Mother's Mobile

Father's Mobile

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

Thank you for taking the time to complete this form. It is essential that we work with the latest data that you can provide, to enable us to continue to provide a safe and secure environment for your children.

Version October 2012

Student Information

Boy Girl

First Name _____

Last Name _____

Date of Birth _____

Age at Enrolment

Which school does your child attend?

Which Education Authority is it under?

Does your child suffer from any medical conditions or allergies?

Yes No

If yes please explain clearly below with details of any action required. **If your child carries an EPIPEN please supply a copy of your Doctor's medical plan for your child.**

Does your child have any special needs?

If yes please explain clearly below with details of any action required.

Please write your Doctor's / Surgery name and telephone number below

Please continue over the page and sign →



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Additional Student Information

Has your child trained previously at another Stage School / Dance School or do they currently attend other classes or workshops or private singing classes?

Yes No

If yes please write the name of the school or theatre group or Teacher here.

Please include here any special skills your child may have such as Juggling or Acrobatics and also any dance styles such as Tap, Ballet, Irish, Ballroom / Latin etc.

Please sign below to acknowledge your acceptance of Theatrics Terms and Conditions (which are located in our brochure or on our website: www.theatrics.biz)

(Parent or Guardian)

Theatrics Enrollment Information

Which Theatrics Class does your your child wish to attend?

(Please check the age range for each class and select the appropriate class for your area and the time most suitable, however please note Theatrics must confirm that there is a space available in the chosen class).

- Performance Class (7 - 14 yrs)
- Stage Kidz Class (4 - 6 yrs)
- Street Dance Class (7 - 14yrs)
- Ballet (4 - 6 yrs)
Ballet is only available on Saturdays at 9.45am at Scooth Orchard School
- Spectrum Theatre Workshop (13 - 16 yrs)
- Advanced Dance Technique (11 - 16 yrs)
- Adlib Theatre Company (14 - 18 yrs)

Please write your preferred class time below.
(Refer to our brochure or web site for times)

Please tick your preferred venue location.
(Refer to our brochure or web site for details)

- Aldridge** (Tuesday Evenings) _____
- Fradley** (Thursday Evenings) _____
- Lichfield** (Martin Heath - Friday Evenings) _____
- Lichfield** (Scotch Orchard Saturdays) _____

Theatrics accepts cash and cheques for the payment of fees. Please make cheques payable to THEATRICKS STAGE SCHOOL and send by post with this form to - Adam and Nicky Wright, 2 The Cricketers, Alrewas, Staffs. DE13 7DJ

Please return your form (and cheque if you have established there is availability in your preferred class) and a confirmation letter will be issued if space is available. If there are any questions relating to this form please contact Theatrics on 07905 222418

Cheque enclosed for £ _____

Enrolment Date _____
(Date of first class)

Theatrics Office Use Only

Enrolment form sent - Date

Payment Received
Term £ _____

Confirmation letter sent - Date

2 Weeks £ _____