

**Starmakerz Theatre School Leatherhead
Registration Form 2021**



Child's Name.....Date Of Birth.....

Parent/Guardian Name.....

Address.....Post Code.....

Mobile..... Home.....

Email.....School.....

Medical Conditions

	Text
Has your child got any medical conditions we should be aware of?	
Is your child taking any medication?	
Does he/she have difficulty with hearing/eyesight	
Does your child suffer with any allergies?	
Is there anything else you would like us to be aware of?	

Classes you would like your child to sign up to –

Ballet Drama Modern Musical Theatre
Singing Street Tap

Emergency Contacts

In the event you are unavailable please supply two alternative contact numbers:

Name.....Number.....

Name.....Number.....

Please tick this box and sign below to confirm you have read and agreed to the Terms & Conditions and Privacy Policy on the Starmakerz website/notice board

Please tick this box and sign below to confirm your consent to photographs and video footage for use in promotional material for Starmakerz Theatre School

Signed: _____

Date: _____

Principal: Lisa Sharratt
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lisa@starmakerz.co.uk
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