

actfirst drama groups

APPLICATION FORM - TO BE COMPLETED BY PARENTS/GUARDIANS

NAME OF PARENT/GUARDIAN _____

ADDRESS: _____

TEL. NO: _____

EMERGENCY TEL. NOS: _____

EMAIL: _____

NAME OF CHILD: _____

DATE OF BIRTH: _____

INTERESTS/HOBBIES: _____

HEALTH PROBLEMS (if any): _____

I found out about the school from: _____

I would like to reserve a place on the following actfirst drama group:

6-8 years: Weds 4pm – 5pm @ St James’s Hampton Hill*

8-10 years: Weds 5pm – 6pm @ St James’s Hampton Hill*

10-11 years: Tuesdays 4pm – 5:15pm @ St Francis de Sales*

11-13 years: Tuesdays 5:15pm – 6:30pm @ St Francis de Sales*

13-17 years: Tuesdays 6:30pm – 7:45pm @ St Francis de Sales*

*Please clearly indicate your chosen class.

I have read and accept the 'conditions of inclusion on the course'.

SIGNED: _____

DATE: _____

Please return this form to: J.K.Kirke, actfirst drama groups
12 Bye Ways, Twickenham, Middx. TW2 5JN