

# TPA Registration Form

Child's Full Name ..... D.O.B...../...../.....

Parent/Guardian's Name .....

Address .....

..... Postcode .....

Telephone Number ..... Mobile Number.....

Emergency Number ..... Email .....

How did you hear about the School?.....

Known allergies Y / N

If yes, please specify.....

Known medical conditions Y / N

If yes please specify .....

## **Medical Attention Consent**

I give permission for the school staff at TPA to seek medical attention/anesthetic for the above child in my absence should it is considered necessary.

Signed ..... Date ...../...../.....

## **Photography/Film Consent form**

I agree / disagree for photographs/Film of my child to be taken during classes, rehearsals, festivals or shows and displayed on the Tonbridge Performing Arts website. *(No names will be linked to the photographs).*

I agree / disagree for photographs/Film of my child to be taken during classes, rehearsals, festivals or shows and used for marketing purposes, this may include the show programme, posters and leaflets.

Signed..... Date ...../...../.....

## **I agree to abide by the following stipulations**

- To pay fees for each half term in advance. (No refunds will be given under any circumstances).
- I give my permission for the above details to be placed on the School data base. This information will not be passed onto a third party.
- 4 Weeks' notice to be given. This is so that any Children on a waiting list can be informed of a place. ( If you do not inform us, 4 weeks classes will be payable)

Please note that a discount of 10% will be applied if 3 classes or more are taken and paid in full within 14 days. If 2 classes of the same style are taken on the same day the 2<sup>nd</sup> class will be charged at £1.75 only. (Discount will not apply for this class).

Signed ..... Date ...../...../.....

Parent/Guardian's Name .....