

CENTRE**STAGE**

SCHOOL OF PERFORMING ARTS

CENTRESTAGE HOUSE 117 CANFIELD GARDENS NW6 3DY
020 7328 0788

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INFO@CENTRESTAGESCHOOL.CO.UK

ENROLMENT FORM

Term PLEASE TICK

SATURDAY MORNING

SATURDAY AFTERNOON

AUTUMN 2008 -

SPRING 2009 -

SATURDAY MORNING

SATURDAY AFTERNOON

Name.....sex M/F

Address.....

.....Post Code.....

Tel Number.....Date of Birth.....Age.....

Email Address.....

School Attended.....

Where Did You Hear of CentreStage.....

PARENT OR GUARDIAN

Name.....Mr/Mrs/Ms/Miss

Address (if different from above)

.....

.....Post Code.....

Email Address.....

Tel Number.....Relationship to student.....

ALTERNATIVE NUMBER (please give name of friend or relative)

Name.....

Relationship to student.....

Tel Number.....

*PLEASE FIND ATTACHED MY CHEQUE FOR £285 MADE PAYABLE TO 'CENTRE**STAGE**'

PLEASE NOTE: NO REFUNDS WILL BE MADE FOR ANY MISSED SESSIONS OR IF YOUR CHILD IS WITHDRAWN AFTER A PLACE HAS BEEN RESERVED.

Is there any medical condition or other circumstances of which you would like CentreStage to be aware?

Yes/No. If YES please give details:

Do you consent to emergency medical treatment if we are unable to contact you?

Signature.....