



FUTURE FACES

HALL PARK THEATRE, LUTTERWORTH LE17 4LN

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**ENROLMENT FORM**  
**SMILEY FACES SATURDAY**  
**9am – 10.30am**

STUDENTS FULL NAME			
STUDENTS D.O.B			
ADDRESS			
PARENT 1 NAME		TELEPHONE	
EMAIL			
PARENT 2 NAME		TELEPHONE	
EMAIL			
PARENT SIGNATURE			
PRINT NAME		DATE	

**TERMS & CONDITIONS**

I am legally responsible for the above named person.

I wish the above named student to be enrolled into SMILEY FACES at the above address.

I agree to accept my responsibility to ensure compliance with the uniform and behaviour policy of the school.

Furthermore, I understand that I am entering into a legally binding financial agreement.

I am aware that:

- I will be invoiced for fees due every half term and that regardless of attendance all lessons must be paid for in advance.
- Fees are due on the invoice date.
- Should the above-named student wish to leave SMILEY FACES then I agree to inform the principal, formally in writing, no less than **TWO WEEKS** before the end of the half term that I have paid for.
- I understand that failure to do this will incur **FOUR WEEKS** fees for the next half term.

I am also aware that a payment of £10 show card fee will be due four weeks before each of the two Theatre School productions each year and these will be invoiced and become payable on the invoice date. (Showcard fees are set at the commencement of a full term and any increases will be notified at least three weeks prior to the start of the next full term in writing).

I agree to notify the school of any changes in the student's medical condition.

I agree to notify the school of any changes in respect of contact details.

I agree to notify the school in the event of the student being unable to attend the weekly session.

To comply with Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. Occasionally we make take photographs. We may use these images in our prospectus or in other printed publications that we produce, as well as on our website. We may also use video and DVD recordings for Facebook, Instagram and promotional videos.

- I agree to images of my child being published in the prospectus and other publications YES | NO
- I agree to images and video of my child being published on Future Faces Website YES | NO
- I agree to images and videos of my child being published in DVD or similar format YES | NO
- I agree to images of my child being used on all forms of social media YES | NO

PARENT SIGNATURE			
PRINT NAME		DATE	

**FUTURE FACES MEDICAL QUESTIONNAIRE**

1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No\*

\*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No\*

\*If yes please give full details

3. Does your child have any learning or reading difficulties? Yes/No\*

\*If yes please give full details

4. Additional information that you think is relevant

<b>PARENT SIGNATURE</b>			
<b>PRINT NAME</b>		<b>DATE</b>	