



FUTURE FACES THEATRE SCHOOL

Hall Park, Hall Lane, Lutterworth, Leicestershire. LE17 4LN

01455.553878

www.futurefaceslutterworth.co.uk



SATURDAY THEATRE SCHOOL REGISTRATION

| | |
|-------------------|--|
| Student Full Name | |
|-------------------|--|

| | | |
|----------------|--|---|
| Student D.O.B. | | Please tick preference Morning School 10.30am – 1.30pm Afternoon School 2.00pm – 5.00pm |
|----------------|--|---|

| | |
|---------|--|
| Address | |
|---------|--|

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|-----------|
| Post Code |
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| | |
|-----------------------|--|
| Home telephone Number | |
|-----------------------|--|

| | |
|-----------------------------|--|
| Parent/Guardian 1 Full Name | |
|-----------------------------|--|

| | |
|---------------------|--|
| Mobile phone Number | |
|---------------------|--|

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|-----------------------------|--|
| Parent/Guardian 2 Full Name | |
|-----------------------------|--|

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|---------------------|--|
| Mobile phone Number | |
|---------------------|--|

| | |
|-----------------|----|
| Email addresses | 1. |
|-----------------|----|

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| 2. |
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|--------------------------------------|
| Name of school that student attends: |
|--------------------------------------|

If you would like to add any relevant additional information then please continue over the page. Please note that application is no guarantee of placement until confirmed by the school.

| | |
|---|--|
| X | |
|---|--|

| |
|---------------------------|
| Parent/guardian signature |
|---------------------------|

| |
|------|
| Date |
|------|

| | | |
|-----------------------|---------------------|------------|
| OFFICE USE ONLY | Registration Number | Start date |
| Medical Questionnaire | | |



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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

I understand that Lutterworth Performing Arts Centre, Home of Future Faces, have the right to refuse access to classes based on the information given above. (Must be signed by Parent or Legal Guardian only).

X

Parent/guardian signature

Date



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SATURDAY THEATRE SCHOOL CONTRACT

OFFICE USE
Registration number

Student's Full Name

TERMS & CONDITIONS

I am legally responsible for the above named person.

I wish the above named student to be enrolled in The Future Faces Musical Theatre School at the above address. I have received and read a copy of the school prospectus and 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 all lessons must be paid for in advance and regardless of attendance.
- Fees are due on the invoice date.
- A late penalty fee of 10% of the total amount invoiced and due becomes payable if the invoice has not been paid within twenty-one days of the due date.
- Continual late payment will result in student expulsion.

(Fees are set at the commencement of a full term and any increases are notified at least three weeks prior to the start of the next full term in writing)

- Should the above named student wish to leave Future Faces Musical Theatre School 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 full fees for the next half term.
- I am also aware that a payment of £30 show card fee will be due four weeks before 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 are 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

PRINT NAME

PARENT/GUARDIAN SIGNATURE

Date