



SMILEY FACES THEATRE SCHOOL

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

01455.553878

www.futurefaceslutterworth.co.uk



SMILEY FACES THEATRE SCHOOL REGISTRATION

Student Full Name		
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Student D.O.B.		School time 09.00 am – 10.30am
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Address		
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Post Code		
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Home telephone Number		
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Parent/Guardian 1 Full Name		
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Mobile phone Number		
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Parent/Guardian 2 Full Name		
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Mobile phone Number		
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Email addresses	1.	
	2.	

Name of school / nurse / playschool 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	
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Parent/guardian signature

Date

OFFICE USE ONLY	
Registration Number	Start date
Medical Questionnaire	



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.e. epipen, inhaler etc

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



SMILEY FACES THEATRE SCHOOL CONTRACT

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 £15 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.

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| • I agree to images of my child being published in the prospectus and other publications | <input type="text" value="Yes/No"/> |
| • I agree to images and video of my child being published on Future Faces Website | <input type="text" value="Yes/No"/> |
| • I agree to images and videos of my child being published in DVD or similar format | <input type="text" value="Yes/No"/> |
| • I agree to images of my child being used on all forms of social media | <input type="text" value="Yes/No"/> |

PRINT NAME

PARENT/GUARDIAN SIGNATURE

Date:

<p align="center">Future Faces Joanna Woodward, Vice Principal</p>	<p align="center">Date</p>
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