



ENROLMENT FORM

PRINCIPAL: Prue Cooper-White
ABN: 84302383700

Date of Enrolment: _____ Term 1/2/3/4
Child's Name: _____
Date of Birth: _____ Grade: _____
School: _____
Parents: _____
Mobile Phone Number: _____
Address: _____
Email: _____
Please confirm email address in bold print:

Extra information about your child (interests, special needs, health issues, allergies):

Child Photography and Video Consent

I: _____ (Parent's/guardian's name)
on behalf of: _____ (Child's name) consent to
photos/videos of my child being taken by The Drama Workshop for a variety
of public relations, communications and promotional activities, including
for publications, promotional material, websites and advertisements.
YES / NO - please circle.

Signature: _____

Emergency Medical Consent

Prue Cooper-White has my permission to obtain emergency medical treatment
for my child when I cannot be reached or if a delay in reaching my child
would be dangerous for him/her.

Signature: _____

TERM FEES: Please pay drama fees to:

The Drama Workshop.

BSB: 014249 ACCOUNT: 189375876

(Please quote child's full name + studio - Kenmore or Brookfield as the
reference)

*One Child: **\$199** / Two Siblings: **\$388** / Three Siblings: **\$577** (includes GST)*

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**Please note that fees are non-refundable. Students are entitled to a make up lesson for missed
classes due to sickness, govt enforced lockdowns or public holidays.*

How did you find The Drama Workshop? Word of mouth / internet search /
Facebook / school newsletter?