



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 – Chapel Hill or Brookfield as the reference)

One Child: \$240 / Two Siblings:\$470 / Three Siblings: \$700 (includes GST)

*Please note that fees are non-refundable. Our charge is a set fee amount for a term, despite how many classes are taken. Credit is not given for cancelled classes. Students are entitled to a make up lesson for missed classes due to sickness, government enforced lockdowns or public holidays.

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