



Bright Young Things Registration Form. Age 5 & 6

PLEASE TICK YOUR PREFERRED SESSION:-
LOUGHBOROUGH SATURDAYS 10.15 () 12.15 () 2.15 ()

Student Details:

Surname

First Name

Address

Town

Post Code

Date of Birth

Parent/Carer Details:

Surname

First Name

Tel.No.

Mobile No.

E-mail Address

Alternative Contact No. (in case of emergency)

Does your child have any medical conditions/allergies/injuries or other circumstances that we should be aware of?

YES/NO (If yes, please give details)

Declaration by Parent/Carer

I (BLOCK CAPITALS)
being the Parent/Carer of

..... (BLOCK CAPITALS)

declare that the information given in this form is correct and complete and give my consent for the above named to take part in the acting/singing/dancing lessons at BrightLights Theatre School.

With your consent, BrightLights will collect store and use your data under the requirements of GDPR legislation.
You can opt out of this at any time by contacting us.

I have read, understand and agree to abide by the attached Terms and Conditions.

Payment.

Please tick how you wish to pay the taster fees.

Cheque for £19 enclosed ()

Bank transfer for £19 ()
Sort Code 403024 Acc. No. 32869446

Paypal payment of £19 to
office@brightlightstheatreschool.com ()

Signed..... Date

Please complete and return to :

BrightLights Theatre School, The Hive, Warren Hills Road, Coalville LE67 4UU