



## Registration Form

### Student Details

Surname:

First Name:

Address:

Postcode:

Date of Birth:

Gender:      Male                   Female

School:

### Parent/Carer Details

Surname:

First Name:

Mobile Number:

Home Number:

Email Address:

Alternative Contact Number: *(in case of emergencies)*

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)*

Do you wish for your child to be added to our list for consideration for professional work if we are asked?

**YES / NO**

### Session Required

BTS ACTING (8-12 YEAR OLDS)	THURSDAY	18:00-19:30	<input type="checkbox"/>
BTS ACTING (13-18 YEAR OLDS)	THURSDAY	19:30-21:00	<input type="checkbox"/>
BRIGHT YOUNG THINGS LOUGHBOROUGH	SATURDAY	09:45-11:15	<input type="checkbox"/>
BRIGHT YOUNG THINGS LOUGHBOROUGH	SATURDAY	11:30-13:00	<input type="checkbox"/>
THEATRE SCHOOL LOUGHBOROUGH	WEDNESDAY	17:00-20:00	<input type="checkbox"/>
THEATRE SCHOOL COALVILLE	FRIDAY	17:00-20:00	<input type="checkbox"/>
THEATRE SCHOOL LOUGHBOROUGH	SATURDAY	10:00-13:00	<input type="checkbox"/>
THEATRE SCHOOL LOUGHBOROUGH	SATURDAY	13:30-16:30	<input type="checkbox"/>
THEATRE SCHOOL LOUGHBOROUGH	SUNDAY	10:00-13:00	<input type="checkbox"/>

### 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 drama/singing/dancing lessons at BrightLights Theatre School.

By signing this form you agree to BrightLights Theatre School holding and processing your personal data and that of your child on the grounds of consent and legitimate interest.

Please delete either A or B below.

**A).** I will collect my child from BrightLights at the end of School.

**B).** I give consent for my child to leave BrightLights unaccompanied at the end of school.

**PLEASE NOTE: BRIGHTLIGHTS THEATRE SCHOOL CAN NOT ACCEPT ANY RESPONSIBILITY FOR YOUR CHILD OUTSIDE OF OUR PREMISES IF YOU GIVE YOUR CONSENT FOR THEM TO LEAVE UNACCOMPANIED**

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

Signed: .....

Date: .....

### Payment (Termly payers only)

Please tick how you wish to pay the deposit.

Card (Please call us to pay)

Cheque (attached)

Bank Transfer (Sort Code 40-30-24, Acc. No. 32869446)

PayPal Payment to office@brightlightstheatreschool.com

**Please return to:**

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