



ACTION DRAMA STUDIO

ABN 82069830957

40-42 Beetham Parade, Rosanna
admin@actiondramastudio.com.au

03 9090 7715

www.actiondramastudio.com.au



Registration Form 2017

Please email this completed form to admin@actiondramastudio.com.au

Or print and post to: Suzanne Barr, ACTION DRAMA STUDIO, 40-42 Beetham Parade, Rosanna

Parent/Guardian or Adult student details

Name/s:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
Email address:	
Second Email address:	
Best contact during class time:	Name Phone
What do you hope to achieve through Action Drama Studio (for yourself or your child)?	
How did you hear about Action Drama Studio? Please tick correct box.	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Leader Newspaper <input type="checkbox"/> Surfing the Internet <input type="checkbox"/> School Newsletter <input type="checkbox"/> Other (please say where)

Child/Youth student details (skip this section if you are an adult enrolling yourself)

	Child One	Child Two
Name		
Age		
Date of Birth		
Grade		
Gender - please tick correct box	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Please name any adults and their relationship to your child who are permitted to collect your child from class.		
Does your child have any previous drama or performing experience? If so, please give a brief explanation.		
Does your child have any medical conditions and/or history you think we should know about? If so, please give details.		



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Does your child have any allergies? If so, please give details.		
Does your child require special consideration in any areas, for example, religious or cultural requirements, disability or protection order? If yes, please give details		
It is a condition of ADS enrolment that permission is given to take photos and video of students performing. Will you allow these photos and/or videos to be published in advertising material, e.g. website, pamphlets, posters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I wish to register my child/myself for the following class:

- You can check locations and times at <http://www.actiondramastudio.com.au/locations>

Class Location: _____

Class Day and Time: _____

Consent

I _____ (name of parent/guardian or adult student) have read, understood and agree to the fees, terms and conditions of Action Drama Studio.

I give consent and wish to enrol my child/myself _____ (student name) in drama classes at Action Drama Studio.

I give permission for ADS to seek emergency services (medical, hospital, ambulance) if the need arises

I have paid \$_____ (amount paid) to secure my child's/ my place in the class.

Parent/Guardian/Adult signature _____ Date: _____