



Starmakerz Theatre School

Registration Form

2014

Child's Name:.....Date Of Birth.....

Parent/Guardian Name:.....

Address:.....Post Code:.....

Mobile:.....Home.....

Email:.....

School:.....

Has your child got any medical conditions we should be aware of?	
Is your child taking regular medication?	
Does he/she have any difficulty with hearing or eyesight?	
Does your child suffer any allergies?	
Are you aware of any anxiety, speech defect or tendency to fits/fainting attacks?	
If there is anything else you would like us to be aware of please give details	

Emergency Contacts

In the event you are unavailable please supply two alternative contacts:

Name:.....Telephone:.....

Name:.....Telephone:.....

Signed:.....Date:.....

Please read the Terms & Conditions at www.starmakerz.co.uk