



**Starmakerz Theatre School, Oxted**

**Registration Form 2021**

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

Parent/Guardian Name.....

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

Mobile..... Home.....

Email.....School.....

**Medical Conditions**

Has your child got any medical conditions we should be aware of?	
Is your child taking any medication?	
Does he/she have difficulty with hearing/eyesight	
Does your child suffer with any allergies?	
Is there anything else you would like us to be aware of?	

**Emergency Contacts**

In the event you are unavailable please supply two alternative contact numbers:

Name.....Number.....

Name.....Number.....

**Please tick this box to confirm you have read and agreed to the Terms & Conditions and the Privacy Policy on the Starmakerz website**

**Please tick this box to confirm your consent to photographs and video footage for use in promotional material for Starmakerz Theatre School**

**Principal: Victoria Butcher**

[www.starmakerz.co.uk](http://www.starmakerz.co.uk)

[vicky@starmakerz.co.uk](mailto:vicky@starmakerz.co.uk)

**\*07771 595171\***