Footlights Theatre Workshop

 Re-enrolment Form

My Child/ren…………………………………………………………………………(name) D.O.B………………………

Address…………………………………………………………………………………………………………………………………..

Currently attends Footlights Theatre Workshop and would like to enrol for the following class next term:

|  |  |  |
| --- | --- | --- |
| **Day:** |  | **Time:** |
|  |  |  |

**Term Dates: Thursday 22nd April – Friday 16th July 2021**

**Half term w/c 31st May 2021**

**This is a 12 week term**

**Fees & Payment**

**Thurs/Friday -** 7-10’s, 11+ **£105** & **£89.25** for Siblings

**Bridge Class -** Thurs 3.45pm fees are **£90** and **£76.50** for siblings.

☐ I have paid by direct transfer on …../…../….. (date) in the name of …………………………………………………………….. Please use your child’s name as your reference.

Account name: Nicola Woollard

Account : 19309750

Sort Code: 08-93-00

☐ I enclose cash £…………………

☐ I acknowledge and confirm that I have read, understood and agree to the Terms and Conditions of Service published by Footlights Theatre Workshop overleaf.

Signed…………………………………………………………….…(Parent/Guardian) Dated …../…../…..

Print name……………………………………………………………………..Tel:………………………………………………….

Current email address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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