



ENROLMENT FORM

PRINCIPAL: Prue Cooper-White
ABN: 84302383700

Date of Enrolment: _____ Term 1 / 2 / 3 / 4

Child's Name: _____

Date of Birth: _____ Grade: _____

School: _____

Parents: _____

Mobile Phone Number: _____

Address: _____

Email: _____

Extra information about your child (interests, special needs, health issues, allergies): _____

Child Photography and Video Consent

I: _____ (Parent's/guardian's name)
on behalf of: _____ (Child's name) consent to photos/videos of my child being taken by The Drama Workshop for a variety of public relations, communications and promotional activities, including for publications, promotional material, websites and advertisements. YES / NO - please circle.
Signature: _____

Emergency Medical Consent

Prue Cooper-White has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.
Signature: _____

TERM FEES: Please pay drama fees to:

The Drama Workshop.

BSB: 014249 ACCOUNT: 189375876

(Please quote child's full name+ studio - Kenmore or Brookfield as the reference)

\$170 per child /\$330 for 2 siblings /\$490 for 3 siblings.

- How did you find out about The Drama Workshop?
Word of mouth/internet search/Facebook/school newsletter?