

**Frances' School of Drama (FSD)
(Updated) Registration Form**



CHILD'S FULL NAME _____ **MALE/FEMALE** _____
ADDRESS _____

POST CODE _____
TELEPHONE NUMBER _____ **MOBILE NO'S** _____
CURRENT SCHOOL YEAR _____ **DATE OF BIRTH** _____

MOTHER'S NAME _____ **TEL NO** _____
ADDRESS _____ **WORK TEL NO** _____
E-MAIL ADDRESS _____

FATHER'S NAME _____ **TEL NO** _____
ADDRESS _____ **WORK TEL NO** _____
E-MAIL ADDRESS _____

If Father's address differs from Mother, would you like all correspondence to go to: **MOTHER YES /NO**
FATHER YES/ NO

NAME AND ADDRESS OF RESPONSIBLE PERSON WHO MAY BE CONTACTED IN CASE OF EMERGENCY, IF PARENTS NOT AVAILABLE

TEL NO _____

ARE THERE ANY ILLNESSES, DIFFICULTIES OR ALLERGIES WE SHOULD KNOW ABOUT?

DOES YOUR CHILD NEED ANY MEDICATION WITH HER/HIM AT ALL TIMES?

Please also complete the separate medical form

DOCTOR'S NAME _____ **TEL NO** _____
ADDRESS _____

POST CODE _____

IN AN EMERGENCY, IF THE PARENTS OR RESPONSIBLE CHILD CANNOT BE CONTACTED, IS PERMISSION GIVEN FOR US TO SEEK MEDICAL ADVICE? **YES/NO**

DO YOU GIVE PERMISSION FOR PHOTOGRAPHS OF YOUR CHILD TO BE TAKEN FOR PUBLICICTY/PROMOTIONAL PURPOSES EITHER BY PRESS OR IN-HOUSE AND FOR YOUR CHILD TO APPEAR IN THE VIDEO OF THE PRODUCTION? **YES /NO**

(These could be used in our programmes, website, prospectus, local papers and various promotional areas, e.g. the theatre and the library. Your child's name may appear but we will not give out home addresses)

DO YOU GIVE PERMISSION FOR YOUR CHILD'S NAME, ADDRESS AND DATE OF BIRTH TO BE PUT FORWARD FOR A BODY OF PERFORMANCE LICENCE? **YES/NO**

DO YOU HAVE A CRB CHECK? (Up dated within the last 3 years) **YES/NO**
(We require this information for helpers in the dressing room for performances, do not worry if you do not have)

All information given will be treated in the strictest confidence.

I HAVE READ THE CHILD PROTECTION POLICY AND TERMS AND CONDTIONS AND AGREE TO ABIDE BY THEM.

SIGNED _____

PRINT NAME _____