



# Limassol Theatre Arts School



## Confidential Registration Form for 2016 - 2017

### Parent/ Guardian

First Name..... Middle Name..... Last Name.....

### Student 1

First Name..... Middle Name..... Last Name.....

Date of Birth (dd/mm/yyyy) ..... School. ....

### Student 2

First Name..... Middle Name..... Last Name.....

Date of Birth (dd/mm/yyyy) ..... School. ....

### Student 3

First Name..... Middle Name..... Last Name.....

Date of Birth (dd/mm/yyyy) ..... School. ....

Address: .....

Area (e.g. Agios Athanasios)..... Post Code.....

Email address .....

### Contact telephone numbers:

Home ..... Parent/ Guardian mobile .....

Student's mobile (if applicable) .....

Emergency contact (name and contact telephone number) .....

Is there a medical condition or allergy that teachers need to be aware of? .....

- I understand that the fees are to be paid monthly at the start of each month.
- Written notice must be given before the end of the month if a student is not continuing with lessons the following month. Otherwise, fees for the next month will be incurred.
- No refunds will be given for a student who leaves and does not complete the month paid for except in exceptional circumstances.
- The registration fee per year is €5 per child

LTAS cannot accept any responsibility for any injuries/ accidents/ damage or loss of personal property while on the premises.

- By ticking this box you accept to become part of our mailing list, to receive important information regarding lessons, rehearsals, shows and promotional material.
- If you do not wish for any photos or videos of your child to be published on our website, Facebook page/ group and YouTube channel, please tick the box.

Name of Parent/ Guardian ..... Signature .....

Date .....