



Limassol
Theatre Arts School

Confidential Registration Form for 2017 - 2018

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)

How did you hear about us? Facebook/Website/Leaflet/Friends/Others (please specify)

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.

Please tick:

- By ticking this box you accept to **become part of our mailing list**, to receive important information regarding lessons, rehearsals and 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