



**Limassol  
Theatre Arts School**

**Confidential Registration Form for 2018 - 2019**

**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 .....