Additional Child/Sibling Registration Form

Please complete this page for each additional child or sibling.

Parent/Carer

Full Name: _____

Student Details

Child's Full Name: _____

Date of Birth: ____/____/_____ Age: ____

School Attending: _____

Classes of Interest

☐ Musical Theatre ☐ Singing ☐ Dance ☐ Acting

Medical Information

Please tell us about any medical conditions, allergies, disabilities, learning needs, SEND requirements or additional support needs.

Does your child have any medical conditions?

☐ Yes ☐ No

If yes, please provide details:

_____

_____

How Did You Hear About Us?

☐ Facebook ☐ Instagram ☐ Website ☐ Friend/Family ☐ Other _____

Emergency Contact

Please provide details for an emergency contact who is different from the parent/carer listed above.

☐ **Same as main registration form**

OR

Full Name: _____

Relationship: _____

Telephone: _____

Parent/Carer Declaration

I confirm the information provided is correct.

Signature: _____ Date: ____/____/_____