



Application Form

To be completed by Parent/Carer. Please complete ALL sections using block capital letters. All details will be treated as strictly confidential and used to place your young person in a group, contact you about news, events and performances and fees.

Name of applicantDate of Birth.....Age.....

Address

.....Postcode.....

Home Phone numberEmail.....

School/college attended.....

Emergency Contact Phone Numbers:

Please ensure you give us 2 numbers to ring, if for any reason we need to contact you during the time of your child's session. We will always contact the parent/ carer in the first instance.

Please print the names and numbers carefully

1. Parent/ Carer emergency number & name

2. Name & number of Second contact person

Relationship to the member

How did you hear about us?

If you accept this place will you be receiving any funding?.....

There is a yearly subscription, payable by monthly direct debit of £29 for Children's and Community Theatre and £36.50 for Youth Theatre members and a one off joining fee of £20 (including a t-shirt).

If this should prove difficult please write or speak in confidence to Viv Berry, Artistic Director at viv@thetheatreshed.co.uk or 07952 461344 as we would not want anyone to miss out due to financial considerations.

Please give us any information you may feel it useful for us to know about your child, i.e. Health (including allergies), Mobility, Medication/ any Social or Religious, Cultural or Special Needs / Special protocol we should be aware of when dealing with them. Please do provide any further details if necessary on a separate piece of paper. This will help us to plan your child's involvement in the company.

Ethnic Background

(This is for monitoring purposes only and may be submitted as a figure for funding with no name attached) Please circle any of the following that may be relevant:

Mixed Heritage

Asian and white Black Caribbean and white Black African and white Asian and black African
East Asian and white Any other mixed heritage (please describe).....

White

British Irish Any other white background (Please describe)

Black

British Caribbean African Any other black background (Please describe)

Asian

Indian Pakistan Bangladesh Chinese
Japanese Any other Asian background (please describe).....

Any other ethnic background

Please describe

Please place my details on a contact list so that we can hear about events and holiday schemes YES/NO

Signature..... **Date**.....

Thank you! If you would like any further info do phone the Artistic Team on 07952461344. Please return this Application form, to Artistic Team, The Theatre Shed. Broadway Baptist Church. 78 High Street, Chesham, HP5 1EG or admin@thetheatreshed.co.uk