

# ROSSENDALE DANCE & DRAMA CENTRE MEMBERSHIP FORM : CHILDREN

To parent / guardian - please complete this form on behalf of your child

FIRST NAME ..... SURNAME .....  
ADDRESS .....  
.....POSTCODE .....

HOME TEL NO. (.....) ..... DATE OF BIRTH dd..... mm.....yy.....

HAS YOUR CHILD RECEIVED ANY TYPE OF TUITION BEFORE IN DANCE, DRAMA OR MUSIC? IF SO, PLEASE STATE NAME OF TEACHER/SCHOOL, DATES OF ATTENDANCE AND ANY DETAILS OF EXAMINATIONS PASSED.

IS YOUR CHILD REPRESENTED BY AN AGENT FOR MODELLING, THEATRE OR TELEVISION WORK? IF YES, PLEASE GIVE NAME AND ADDRESS OF AGENT.

IS YOUR CHILD A MEMBER OF ANY AMATEUR PERFORMING ARTS ORGANISATION e.g. BYTES, RAYS. IF YES PLEASE GIVE NAMES OF ORGANISATIONS.

NAME OF SCHOOL / NURSERY AT WHICH YOUR CHILD IS EDUCATED.

DOES YOUR CHILD SUFFER FROM ANY CONDITION (e.g. allergies, asthma) OF WHICH WE SHOULD BE AWARE?  
YES / NO IF YES PLEASE GIVE DETAILS

IN CASE OF EMERGENCY PLEASE STATE THE NAME AND TELEPHONE NUMBERS OF TWO PEOPLE TO BE CONTACTED:

1. .... TEL NO .....  
2. .... TEL NO .....

WHO WILL COLLECT YOUR CHILD FROM THE CENTRE? .....

HOW DID YOU HEAR OF RDDC? .....

FULL NAMES OF PARENT (S) / GUARDIAN(S)

SIGNATURE OF PARENT(S) / GUARDIAN(S)

DATE ..... FOR OUR USE .....

PLEASE ADVISE RDDC OF ANY CHANGES TO THE INFORMATION GIVEN HERE. THANK YOU.