



<i>Office use only</i>
<i>App form from parent pending: Y/N</i>
<i>If Y, form filled out by:</i>

**ENROLMENT FORM – APRIL 2025 HOLIDAY THEATRE WORKSHOPS**

Please complete and return with payment to:  
 STAGE LEFT [info@stageleft.com.au](mailto:info@stageleft.com.au) Ph: 1300 369 443

**Please tick appropriate workshop:**

**SENIOR GROUP:** 8-16 y.o. 'Put on a show in a week' ( ) Mon 7 April – Fri 11 April  
 Glen Iris Uniting Church (Mon – Thurs: 10am - 4pm, Fri: 11am – 6:30pm)  
 200 Glen Iris Rd. Glen Iris

**STAGE KIDS:** 4-7 y.o. 'Put on a show in a week' ( ) Mon 7 April – Fri 11 April  
 Glen Iris Uniting Church (Mon-Thurs: 9.30am – 11.30am Fri: 9am-11am)  
 200 Glen Iris Rd. Glen Iris

**Student's name:** ..... M/F Date of birth: .../.../....

**Student's name:** ..... M/F Date of birth: .../.../.... \*Non-Siblings MUST use a separate form

**IS THERE ANY MEDICAL CONDITION OR OTHER CIRCUMSTANCE OF WHICH YOU WOULD LIKE THE SCHOOL TO BE AWARE? YES/NO** If yes, please give details overleaf.

**Parent/Guardian:**.....  
**Address**.....  
**Telephone: Home**..... **Daytime**..... **Mobile**.....  
**Email**.....

**Terms and Conditions**

1. I understand that places are limited and that in the event the workshop is over-subscribed my deposit will be returned to me.
2. Stage Left (hereafter referred to as SL) reserves the right to exclude students whose behaviour is disruptive.
3. SL accepts no liability or responsibility for any injury sustained by the student that arises from participation in any activity connected with SL.
4. I authorise the staff to consent, where it is impracticable to communicate with me, to whatever medical or surgical treatment as may be deemed necessary and to arrange medical transportation at the student's expense.
5. NUT FREE POLICY – SL has a nut-free policy at all venues. Students are asked not to bring any food containing nut products to classes and performances. We also ask students not to share food. Parents are requested to inform SL in writing of any allergies their child may have.
6. I authorise SL to use photographs/video taken during classes/performance for promotional purposes only. Any such footage is the property of Stage Left.
7. If students cancel prior to the commencement of workshop then the deposit is forfeited. When cancellation is received prior to the commencement of the workshop SL reserves the right to try & fill this spot with a new student at their discretion. If the place is filled with a new student prior to the commencement of the workshop SL will refund the balance of the deposit minus a non-refundable \$50 administration fee. The administration fee is non-refundable and non-transferable under any circumstances.
8. Balance is due no later than first day of workshop.
9. No refunds of deposit or balance are available once the workshop has commenced.
10. Credits and make-up classes are not available under any circumstances.
11. I understand that STAGE LEFT reserves the right to cancel classes that do not meet the enrolment quota. In this case a full refund will be given.
12. By enrolling &/or attending I agree to abide by these Stage Left Terms and Conditions. Our terms and conditions apply in all circumstances. Enrolment &/or attendance at Stage Left constitutes acceptance of the above terms & conditions.

I would like to pay:	Amount
Deposit of \$95 per child	
<b>OR</b>	
Full fee for Stage Kids workshop - \$250/ Sibling Discount \$230	
Full fee for Senior workshop - \$495 / Sibling discount \$465	
<b>TOTAL</b>	

**PAYMENT BY CREDIT CARD** \*credit card transactions will incur an additional 1.5% surcharge

- \*Please charge my card today for the deposit only
- \*Please charge my card today for the full workshop fee
- \*Please charge my card today for the deposit only with the balance to be charged on the first day of the workshop

Visa/Mastercard Card no. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry date \_\_ / \_\_

Cardholder's name \_\_\_\_\_ Signature \_\_\_\_\_

**Cheque/Money Order**  
(payable to Stage Left Pty Ltd)

**EFT**  
EFT details: Account number: 484059374 BSB: 013 260 (Please include your child's full name as a reference)

OFFICE USE ONLY

Date received:  
Method of payment – cheque/EFT/cash/credit card  
Place offered: Y/N

Entered onto enrolment doc/waiting list  
Deposit/balance received  
Enrolment confirmed with parent/guardian:

Entered on database:  
Medical condition procedure actioned:  
Special notes: