



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

**ENROLMENT FORM – JANUARY 2019 HOLIDAY THEATRE WORKSHOPS**

Please complete and return with payment to:  
 STAGE LEFT, PO Box 134, Darling South Vic. 3145 [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'  
 St.Mary's Primary School  
 91 Manning Rd, East Malvern

( ) Monday 7<sup>th</sup> January – Friday 11<sup>th</sup> January  
 (Mon – Thurs: 10am - 4pm, Fri: 10am – 6:30pm)  
 ( ) Monday 14<sup>th</sup> January – Friday 18<sup>th</sup> January  
 (Mon – Thurs: 10am - 4pm, Fri: 10am – 6:30pm)

**STAGE KIDS:** 4-7 y.o. 'Put on a show in a week'  
 Phoenix Park Community Centre,  
 Upstairs  
 22 Rob Roy Rd, EAST MALVERN

( ) **AM Workshop:** Monday 7<sup>th</sup> January – Friday 11<sup>th</sup> January  
 (9.30am – 11.30am)  
 ( ) **PM Workshop:** Monday 7<sup>th</sup> January – Friday 11<sup>th</sup> January  
 (1.30pm – 3.30pm)

**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**

- I understand that places are limited and that in the event the workshop is over-subscribed my deposit will be returned to me.
- Stage Left (hereafter referred to as SL) reserves the right to exclude students whose behaviour is disruptive.
- SL accepts no liability or responsibility for any injury sustained by the student that arises from participation in any activity connected with SL.
- 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.
- 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.
- I authorise SL to use photographs/video taken during classes/performances for promotional purposes only.
- 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 under any circumstances.
- Balance is due no later than first day of workshop.
- No refunds of deposit or balance are available once the workshop has commenced.
- 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.
- 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 Senior workshop - \$415 / Sibling discount \$390	
Full fee for Stage Kids workshop - \$200 / Sibling Discount \$180	
<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: \_\_\_\_\_ Entered onto enrolment doc/waiting list \_\_\_\_\_ Entered on database: \_\_\_\_\_  
 Method of payment – cheque/EFT/cash/credit card \_\_\_\_\_ Deposit/balance received \_\_\_\_\_ Medical condition procedure actioned: \_\_\_\_\_  
 Place offered: Y/N \_\_\_\_\_ Enrolment confirmed with parent/guardian: \_\_\_\_\_ Special notes: \_\_\_\_\_