

## Registration Form



Wilkes Academy Of Performing Arts

Childs Name

Childs Age  Date of birth

Address

Post Code

Email Address

Day Time Contact Number

Emergency Contact Number

Does your child suffer from any allergies/illnesses - ie- asthma/Hay fever

We would like your permission to use any images taken of your child in various publication and promotional materials. Examples of where we might want to use these include: Authorised internet pages, magazines, information leaflets, guidance booklets, corporate publications (such as annual reports), CD ROM / electronic based documents, videos and press release. We need to know whether you are happy for us to use your child's image for these purposes and in these formats.

Declaration I grant permission for photographs of my child to be used in the format indicated above.

Name of Child

Your Name

Signature

Child's Signature (If over 12 years)

Date

If your child no longer wants a place at Wilkes Academy Of Performing Arts you are required to give a terms notice (varies from 12-16 weeks).

Parents Name

Signature

Date