



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.....

EMAIL ADDRESS (PARENT)

I/WE ARE HAPPY FOR RDDC TO CONTACT ME/US VIA EMAIL WITH INFORMATION REGARDING RDDC EVENTS, NEWSLETTERS ETC. YES NO (please delete as appropriate)

HAS YOUR CHILD RECEIVED OR IS CURRENTLY RECEIVING 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?

PLEASE INDICATE HERE WHETHER YOU ARE HAPPY FOR RDDC TO USE PHOTOGRAPHS THAT MAY FEATURE YOUR CHILD FOR USE ON OUR WEBSITE, FACEBOOK PAGE, SHOW PROGRAMMES ETC. YES I AM NO I'M NOT (please delete as appropriate)

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.