

LIMELIGHT THEATRE SCHOOL

WHERE STARS ARE BORN

CHILD ENROLMENT FORM

Child's Full Name:

Address:

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Post Code

Landline Number:

Mobile Number:

Date of Birth: Age: Male Female

Medical Conditions:

Experience (if applicable):

Exams Taken (if applicable):

Name of Parent/Guardian:

Primary Emergency Contact Number:

Secondary Emergency Contact Number:

I am happy for my child to be filmed/photographed for Limelight use only. (Please tick box)

I wish to enrol my child with Limelight Theatre and Dance School

Signed..... Date.....

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