

The following form is to be used for StageOne **THEATRE** classes.

Student Name _____

Age (as of 31 March 2010) _____ Date of Birth _____

School Attending _____

Please advise of any medical conditions and medication we should be aware of;

Doctor _____ Phone _____

Please complete the following information for a Parent or Caregiver. This should be the primary contact for newsletters, invoices and progress reports.

Name _____

Postal Address _____

_____ Postcode _____

Contact Phone _____ Mobile _____

Relationship to Student _____

email Address _____

PLEASE COMPLETE THE CLASS INFORMATION ON THE REVERSE SIDE

Age	Session Times	Cost
7 - 9	Monday 4:30 – 5:30pm <i>or</i> Thursday 4:30 – 5:30pm	\$120.00 (per term)
10 - 12	Monday 4:30 – 6:00pm <i>or</i> Tuesday 4:30 – 6:00pm	\$140.00 (per term)
13 - 15	Tuesday 4:30 – 6:00pm <i>or</i> Thursday 4:30 – 6:00pm	\$140.00 (per term)
16 - 18	Wednesday 4:30 – 6:00pm	\$140.00 (per term)

Please indicate your preferred class choice below;

Ages 7 - 9 Class Day _____

Ages 10 - 12 Class Day _____

Ages 13 - 15 Class Day _____

Ages 16 - 18 Class Day _____

Please post your Enrolment to the address below. We will be in contact soon!

StageOne
P O Box 3084
CHRISTCHURCH