



# Starmaker Performing Arts Academy Application Form

CHILDS NAME:	
DATE OF BIRTH:	
AGE	
ADDRESS:	
POST CODE:	
EMAIL ADDRESS:	
SCHOOL CHILD ATTENDS	
BOROUGH YOU LIVE IN. EG WYRE/ FYLDE	

## Emergency Contact Details

PARENT/GUARDIAN FULL NAMES:	
RELATIONSHIP TO CHILD:	
EMERGENCY CONTACT NUMBER:	
NAME OF SECOND CONTACT:	
RELATIONSHIP TO CHILD:	
EMERGENCY CONTACT NUMBER:	

## Important Medical Information

- Please inform us of any known medical conditions or allergies that we need to be aware of.
- Please note we will only be able to give life saving medicine if the correct training has been put in place by the parent for all Starmaker staff. We also require a doctors letter confirming the condition.
- Please note we are unable to administer medicines such as antibiotics or cough medicines, all Starmaker staff are not qualified to do so and will not be held responsible.

MEDICAL CONDITION (INC ALLERGIES)	
MEDICATION REQUIRED:	

## First Aid

YES  NO

Starmaker Staff have basic first aid training. Please permission for Starmaker staff to administer first aid if deemed necessary and to use plasters on your child if required : Please be aware that NO first aid will be given without permission

**Continued...**

## Photographic Information

YES  NO

Please specify here if you give permission for your child to have his/her photograph taken for use on Starmaker Academy or show publicity if required. This may also include flyers and website. No names are ever attached to these images unless special permission is sought.

## Collection of Children

YES  NO

Please specify here if you give permission for your child to walk home unattended. Please be aware NO child will be allowed home on their own without permission. **(Written confirmation will be required if the answer is YES)**

Please state the names of the people with permission to collect your child and their relationship to your child. Parents names included: ( we need to be informed in advance if someone other than the parent/ guardian will be collecting your child.)	
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## Other

WHERE DID HEAR ABOUT STARMAKER?	
HAS YOUR CHILD ATTENDED A THEATRE SCHOOL BEFORE, IF SO, WHICH ONE?	
HAS YOUR CHILD ANY EXPERIENCE IN PERFORMING?	
ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW?	

## Declaration

I hereby state that the information I have provided on this application form is correct and I will inform Starmaker immediately if any information changes.

PARENT/GUARDIAN SIGNATURE:

DATE:

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This form must be completed and signed before your child's first session with Starmaker.

