



ENROLMENT FORM

STUDENT	PARENT/CARER
Name:	Name:
Email:	Email:
Mobile (if applicable):	Mobile:
Year/Grade in 2019:	Relationship to Student:
MEDICAL DETAILS	ALTERNATE CONTACT
Allergies:	Name:
Disabilities:	Email:
Other Conditions:	Mobile:
Medications:	Relationship to Student:
Activities that your student cannot participate in (if any):	

Confidentiality: Details on this form will be held securely and will only be shared with tutors and others who need this information in order to meet the specific needs of your child.

OUR MISSION:

The mission of RLT Youth is to teach students theatre and drama skills, as well as confidence, public speaking, trust, respect and expression, that they can easily integrate into school and community stage productions.

2019 FEES & PAYMENTS:

Students in Year 3 to Year 6 pay \$5 per session. Students in Year 7 to Year 12 pay \$10 per session. Payments are to be made via direct deposit to RLT: **BSB – 633000; Account No – 140323692** (please use surname as the reference).

TERM 1	TERM 2	TERM 3	TERM 4
7 Feb – 21 Mar	2 May – 27 Jun	18 Jul – 19 Sep	10 Oct – 12 Dec
7 weekly sessions	9 weekly sessions	10 weekly sessions	10 weekly sessions
Total =	Total =	Total =	Total =
Date paid:	Date paid:	Date paid:	Date paid:
Signed:	Signed:	Signed:	Signed:

Fees are payable prior to the commencement of each term. Payments are non-refundable unless written notice of cancellation is provided 4 weeks in advance. Fees will not be prorated for absences.

Sessions are limited to a maximum of 20 participants. This will be on a first in best dressed basis. Once capacity has been reached, further enrolments will be put onto a waiting list and then contacted should vacancies arise.

CHILD PROTECTION STATEMENT:

Under the Child Protection Act 1999, we have a duty to safeguard any child entrusted to us. Should any concerns arise that deserve further investigation we will be obliged to refer the situation to the relevant authorities.

CONSENT:

Please initial each section

_____ **Section #1: Emergency Medical Assistance/Treatment**

I give my consent that if an emergency medical situation arises, the RLT tutors may act as loco parentis to administer first aid which may be necessary and call for an ambulance.

_____ **Section #2: Safety Precautions**

I understand that all reasonable safety precautions are taken by RLT in the operation of its facility, equipment and programs. I agree that my child's participation in RLT programs shall be undertaken at his/her sole risk.

_____ **Section #3: Reasonable Accommodations**

Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I accept that if my child requires an unusual amount of 1:1 attention, whether due to special needs or behaviour, my child may be removed from the program.

_____ **Section #4: Accurate/Complete Information**

I hereby state that all enrolment information is accurate and complete. I understand it is my responsibility to provide any changes/updates regarding emergency and health information immediately to the RLT tutors.

DECLARATIONS:

I commit to participation in the RLT Youth program, which means I will be there consistently; I will listen, learn, support my fellow actors, and challenge myself.

Signature of Student: _____ Date: _____

I commit to supporting my child in the RLT Youth program, which means I will drop them off and pick them up on time, encourage them, help them memorise lines, and talk to the tutors if I have any questions or concerns.

Signature of Parent/Carer: _____ Date: _____