

**Workshop Enrolment Form 2011/12**  
***Please complete one form per member***

Completing this form does not guarantee a place in any class. Once we have received your form and payment we will contact you to confirm your place.

**PLEASE PRINT CLEARLY IN BLOCK CAPITALS**

Member's name:.....

Parent's name:.....

Address:.....

..... Postcode:.....

Borough.....Home telephone:.....

**Theatre Peckham uses text alerts to communicate important information to members and their parents and carers. Please only give your child's number if we can contact your child directly. Always inform us of any number changes?**

Parent's mobile:.....Member's mobile:.....

Email address:.....

Member's date of birth: \_\_ / \_\_ / \_\_ Member's age:.....Gender: Male  Female

School attending:.....

Does your child have any special learning needs/medical conditions/behavioral issues that we should be aware of? *This will not affect your child's place in the workshop but will help up to support their needs.*

Please give details:.....

.....

**Emergency Contact** *(please provide details of someone we can contact in case of emergency other than the parent/guardian named above)*

Name:..... Contact Phone No:.....

How would you describe your ethnic origin? (Please tick)

**Asian:** British  Indian  Pakistani  Other .....

**Black:** British  Caribbean  African  Other .....

**East Asian:** British  Chinese  Vietnamese  Other .....

**Mixed:** White & Black Caribbean  White & Black African

White & Asian  Other: .....

**White:** British  Irish  European  Other .....

**Other ethnic background (please describe):**.....

**Please select the workshops you would like to enroll for.**

SATURDAY Peckham Academy		
TIME	Workshop	Tick
09.30 - 10.25	Preparation for Ballet (1 <sup>st</sup> )	
09.30 - 10.25	Preparation for Musical Theatre (1 <sup>st</sup> )	
09.30 - 10.25	Tap 1	
10.30 - 11.25	Ballet 1	
10.30 - 11.25	Preparation for Musical Theatre (2 <sup>nd</sup> )	
10.30 - 11.25	Preparation for Tap	
11.30 - 12.25	Preparation for Ballet (2 <sup>nd</sup> )	
11.30 - 12.25	Musical Theatre 1 (1 <sup>st</sup> )	
11.30 - 12.25	Tap 2	
12.30 - 1.25	Ballet 2	
12.30 - 1.25	Musical Theatre 2 (8 - 11)	
12.30 - 1.25	Tap 3, 4 & 5	
1.30 - 2.25	Ballet 3 & 4	
1.30 - 2.25	Musical Theatre 1 (2 <sup>nd</sup> )	
1.30 - 2.25	Theatre School Dance	
2.30 - 3.00	Advanced Tap	
2.30 - 4.00	Theatre School 1(9+) (Audition Only)	
2.30 - 4.30	Theatre School 2 (12+) (Audition Only)	

MONDAY Peckham Academy		
TIME	Workshop	Tick
4.15 - 5.10	Drama 1 (5 - 7)	
4.15 - 5.10	Singing 1 (8 - 11)	
4.15 - 5.10	Martial Arts (7+)	
5.15 - 6.10	Drama 2 (8 - 11)	
5.15 - 6.10	Street Fusion 1 (5 - 7)	
5.15 - 6.10	Singing 2 (12+)	
6.15 - 7.10	Street Fusion 2 (8 - 11)	
6.15 - 7.10	Charleston to Hip Hop (10+)	
7.15 - 8.10	Street Fusion 3	
7.15 - 8.10	Adult Lindy Hop/Swing	

**Classes at Theatre Peckham -**

TUESDAY		
5.00 - 7.00pm	BTEC Bound Foundation in Performing Arts	
7.30 - 8.30pm	Adult Tap	
THURSDAY		
5.30 - 8.30pm	BTEC Level 3 Performing Arts	

BTEC Bound and new students for BTEC level 3 and Theatre School 1 and 2 contact [denise@theatrepeckham.co.uk](mailto:denise@theatrepeckham.co.uk) to arrange an audition.

Fees; £..... Membership; £..... (£18 per year)

Total paid: £.....

Please note; places will not be reserved until full payment has been received.

I have read and agree to Theatre Peckham's terms and conditions of membership. I am aware that Theatre Peckham may film or photograph members participating in workshops or productions and I consent to the taking and use of these images for the promotion of Theatre Peckham's activities and on Theatre Peckham's website. I authorise Theatre Peckham to add the information on this form to the Members database. Statistics from membership data may be disclosed to Theatre Peckham funding bodies, for monitoring purposes only.

Signed:.....(parent/guardian if under 16)                      Date:.....

Please return your completed enrolment form to:

**Theatre Peckham**  
**Havil Street**  
**London**  
**SE5 7SD**

For enquiries, please call **020 7708 5401** or email [admin@theatrepeckham.co.uk](mailto:admin@theatrepeckham.co.uk)

**Office use only**

**Total Paid;** £.....**Membership;** £..... **Fees;** £.....

Cash  Credit/debit card  Cheque  Reason for any discount; .....

Outstanding balance: £..... Receipt No: ..... Staff initials: .....