

Registration form



Office Use Only

Day
Class Time
Discipline
Teacher
Studio

Please write clearly and in BLOCK CAPITALS. All information is required

Name:

Home Address:

DOB:

Tel (home):

Tel (work):

Mobile (parent):

Email:

Please give details of anyone other than yourself who is permitted to collect your child from the college.

Name:	Tel No:	Relationship to student:
Name:	Tel No:	Relationship to student:
Name:	Tel No:	Relationship to student:

Please give details of any arts training or experience to date (school productions etc.)

Where did you hear of the Montfort College?

Please indicate the class/es you wish to sign up for:

- 1.
- 2.
- 3.

Please indicate the details of these class/es:

Day / Class time:
Studio:
Teacher:

All information relating to class times, studios etc. can be found at: www.montfortcollege.com

Personal Information

Has the pupil any medical condition that the college needs to be aware of? YES NO

If yes, please provide details:

Book your place at Montfort College by completing this application form and return to the address below with a non-refundable deposit of €50. All fees and deposits are payable by cheque, postal order, bank draft or cash only. Cheques payable to 'Montfort College'.

PLEASE SIGN OVERLEAF

Rules of the College

- 1 The Directors have the sole right to accept applicants for classes with the Montfort College of Performing Arts. The Directors have the absolute right to turn down any applicant at their discretion.
- 2 Appropriate conduct and behaviour is requested at all times. Respect for teachers, staff and fellow students is compulsory at all times.
- 3 Appropriate class uniform must be worn at all times.
- 4 All studios are smoke free, chewing gum free, illegal substance free and while in class all mobile phones must be turned off.
- 5 A €50 registration fee is required to secure a place. Balance of fees must be paid in full within three weeks of commencement of classes. Class fees are non-refundable and non-transferable.
- 6 The college will not accept responsibility for any loss or damage to belongings left on the premises.
- 7 The College shall only allow applicants to participate in a class which he/she is registered.
- 8 Students MUST attend 10 - 15 minutes prior to class. Students arriving after 15 minutes into a class will not be permitted to enter that class and must wait until an appropriate break.
- 9 Any student who wishes to attend for audition or perform in outside productions must first notify the Directors.
- 10 Students preparing for examinations are required to prepare their work thoroughly and to the highest possible standard. If this standard is not achieved the student will not be allowed to sit the exam and will forfeit the exam fee.
- 11 Whilst the college will make every effort to ensure that each class is taken by the nominated teacher for that subject, the college must retain the right to appoint substitute teachers for particular classes if need arises.
- 12 Please note the onus of responsibility is on parents to ensure that your child is safely inside the doors of the studio before you leave the premises.



Gordon's Hill, Ballyvolane, Cork

Tel: 021 4501 412

Email: Montfortcollege@iol.ie

Web: www.montfortcollege.com



Parents/Guardians are very welcome to contact our office to make an appointment to speak with the Director, or one of the teachers, to discuss any aspect of the college. We regret that the college personnel are not available to speak to parents/guardians before, during or after any class without a prior appointment.

Photo Consent

I, the parent of _____ give permission for him/her to be photographed / video recorded at any time and used for any advertising that the Montfort College deem necessary. (e.g. newspaper articles, agency/casting directors, pictures/video clippings on website, group photos from shows, posters, wall displays etc.)

Signed:

Date:

I, the undersigned, declare to the best of my knowledge that the information given above is correct and I have no reason why my child should not participate in classes with the Montfort College of Performing Arts. I understand it is my obligation to notify the college of any change in circumstance relating to my child's health and I acknowledge and understand all of the terms & conditions of the Montfort College of Performing Arts as set out above:

Parent / Guardian signature:

Date:

PLEASE PRINT NAME: