



TOP HAT call **01342590035** or email sussex@tophatstageschool.co.uk

Halsford Park Primary School

Drama Club Information Form.

Top Hat Stage and Screen Schools popular, fun filled Drama Classes aim to build confidence for all children from Reception to Year 6.

Children will have the chance to learn a variety of drama skills and games in a supportive, inclusive environment.

Time: 3:15pm-4:15pm

Cost: £66.00

Dates: Friday 15th September – 8th December (Half Term – 27th Oct)

12 week term

Bank Details are as below:

Account Name: Top Hat Stage and Screen School Sussex

Account Number: 44279868

Sort Code: 30-91-91

PLEASE NOTE; PLACES ARE GIVEN OUT EACH TERM ON A FIRST COME FIRST SERVE BASIS. YOUR PLACE WILL ONLY BE SECURE ONCE PAYMENT AND A COMPLETED CONTACT FORM HAVE BEEN RECEIVED FOR THE TERM.

Top Hat Sussex do not accept cheques, if you are unable to transfer via Bank Transfer, please confirm when registering for a place and a correct cash payment can be made on the first class in a sealed envelope with your child's details clearly printed.

Uniform:

At Top Hat we understand that club uniforms can be expensive. For our after-school Drama Clubs students can either stay in school uniform with bare feet/ trainers or they can change into more comfortable clothing. We do offer our very own Top Hat T-shirts for £10.00 that can be worn in lessons with leggings or jogging bottoms of your choice. Do let us know your child's size if you would like to order a t-shirt.

We also have a range of other items available including Personalised Hoodies, Personalised Joggers, Bags, Water Bottles and much more which can be seen and ordered at the end of lessons.

Any queries do contact us on sussex@tophatstageschool.co.uk

We look forward to welcoming your child into the Top Hat family and helping them to gain Quality Performing Arts training with a whole lot of fun in the process!

TOP HAT DRAMA CLUB CONTACT FORM

(Please complete and email back the contact form to secure your child a space).

Child Full Name:

Child D.O.B:

Child School Year:

Parent/Guardian Name:

Parent/ Guardian Contact Details:.....

(Please supply at least two contacts and numbers including best contact number between 3-5pm)

Email Address:

Important Information:

(Anything that the class leader should know about your child e.g. allergies/health issues etc.)

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I DO give permission for my child's photograph to be taken and used for marketing purposes

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I DO NOT give permission for my child's photograph to be taken and used for marketing purposes

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Signed :

Dated:
