

**Rother Swain Drama Studio: Drama classes – Clarendon Park**

ENROLMENT FORM

Name of Learner: .....

School Grade: ..... School :.....

Name of Parent/Guardian: .....

Postal Address: .....

.....

Physical Address: .....

.....

Contact Numbers: (H) .....Mother Cell: .....

Father Cell: .....Other emergency contact: .....

Learner's Cell: (if applicable) .....

Parent Email address

.....\*\*

\*\*\* Please make sure that this is written clearly and is correct! We battle with incorrect email addresses.

Person responsible for account: .....

Identity Number of person responsible for account: .....

**DRAMA FEES: Per term One hour per week at Clarendon R580 per term**

**1/2 hour per week at Clarendon R480 per term**

**3/4 hour per week at Clarendon R530 per term**

**TERMS AND CONDITIONS**

*I understand that the relevant fees are due **within two weeks** of the commencement of the term / first attendance by learner at a lesson. (In the case of split responsibility for fee payment, ALL persons responsible for the payment will complete this form and be subject to the same terms and conditions.)*

*I understand that if fees in full are not paid as required above, then the learner will not be allowed to attend lessons until such time as fees are paid in full. I understand that I will be contacted by the teacher if I send the learner to a lesson without having paid as required. Rother Swain Studio cannot be held responsible if a child remains outside the classroom while lessons are in progress.*

*I accept that 10% interest per month will be levied on all outstanding fees and that I will be responsible for any collection fees which may be levied should the matter be handed over for collection.*

*I understand that in the event that a learner cannot continue with lessons, then one term's notice is required, failing which the fees for the term will become due and liable within two weeks of the commencement of said term.*

*I understand that in the case of a lesson cancellation by the teacher, the learner will be able to make up the said lesson at any other time. No refunds will be entertained when a learner fails to attend a scheduled lesson.*

*I hereby indemnify the studio against any claim which may arise from any injury or loss that may occur while the above learner attends lessons, rehearsals, performances, etc. The Studio will take all reasonable efforts to ensure the safety of the learner while attending such activities.*

*I agree to these terms and conditions and I take full responsibility for the timeous settlement of all fees.*

**SIGNATURE OF PARENT:**

.....

**DATE:**

.....

**PLEASE NOTE - DO NOT MAKE CASH DEPOSITS INTO OUR BANK ACCOUNT. IF YOU DO, THE SUBSEQUENT CASH DEPOSIT FEE WILL BE ADDED TO YOUR NEXT ACCOUNT FOR PAYMENT BY YOURSELF.**

**Bank account -**

**S Rother,**

**FNB Cheque a/c,**

**Branch code 211417,**

**Account 6201 361 2602**

**Ref : Learner's name / Drama fees**

**PLEASE SEND PROOF OF PAYMENT TO [sharon.rother@gmail.com](mailto:sharon.rother@gmail.com)**

**Information will be posted to the Studio's website so please bookmark <http://rotherswaindrama.weebly.com> and refer to it on a regular basis.**