



Application Form  
Mini Children's Theatre (age 4-6 years)

**To be completed and signed by parent/carer. Please complete ALL sections using block capitals. All details will be treated as strictly confidential.**

Name of Applicant:..... Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address.....	
Post Code:..... Phone Number:.....	
Date of Birth:..... Age:..... School Attended:.....	
Email:.....	
<b>EMERGENCY CONTACT PHONE NUMBERS</b>	
Please ensure that you give us <u>two</u> numbers to ring. We may need to contact you during the time of your child's session. We would always contact the parent/carer in the first instance	1) Name of parent/carer:..... Emergency contact phone number:.....
<b>Please print numbers and names carefully.</b>	2) Name of second contact person, phone number and their relationship to your child: ..... Emergency contact phone number:.....
Please state why you would like your child to be part of this Inclusive Theatre Group and where you heard about it.	
Is there any information which you feel may be useful for us to know? (social, religious or cultural, any specific needs you feel your child may have in relation to the session, which could help us to plan for your child's involvement)	

CHICKENSHED

For further information about Tram Shed:  
07852 498427 [tramshedtheatre@hotmail.co.uk](mailto:tramshedtheatre@hotmail.co.uk)  
For further information about Chickenshed:  
0208 351 6161 ext 207 [info@chickenshed.org.uk](mailto:info@chickenshed.org.uk)  
[www.chickenshed.org.uk](http://www.chickenshed.org.uk)

Is there any special protocol/procedure we should be aware of in dealing with your child? (e.g. procedures for supporting a child with epilepsy.) Please indicate your child's condition here and then you must provide details of the procedure to follow on a separate sheet with your child's name and your contact phone number listed at the top.

Ethnic Origin Information – We require this information for funding and monitoring purposes.

<b>WHITE</b>		<b>ASIAN</b>		<b>BLACK</b>	
British	<input type="checkbox"/>	Asian British	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>		
<b>CHINESE</b>		<b>MIXED</b>		<b>OTHER ETHNIC BACKGROUND</b>	
Chinese British	<input type="checkbox"/>	Any mixed background	<input type="checkbox"/>	Other background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>			Please specify .....	
Other Chinese background	<input type="checkbox"/>				

PHOTOGRAPHY/VIDEO PERMISSION & DATABASE CONSENT

Occasionally the Mini Children's Theatre sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our websites, social media and in reports.

I give permission for my child to be filmed and photographed.

Signature of Parent/Carer:

Print Name:

**TramShed send out monthly e-bulletin of important information including term dates, holidays, workshop changes and other news. If you do not wish to receive this, please tick here**

PLEASE RETURN this application form to:

TramShed  
PO Box 262  
Lowton  
Warrington  
WA12 2BS

**07852 498427**

[tramshedtheatre@hotmail.co.uk](mailto:tramshedtheatre@hotmail.co.uk)

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[www.chickenshed.org.uk](http://www.chickenshed.org.uk)

**TramShed Theatre Company is a Registered Charity – Charity Number 1109987**