



# 2022/2023 PROGRAMME REGISTRATION FORM CHS

APPLICANT DETAILS	
Please fill out the below fields in BLOCK CAPITAL LETTERS. One form is to be filled out per child.	
Full Name of Student:	Date of Birth:
Day Contact Number:	Afternoon/Evening Contact Number:
Post Address:	Email Address:
Please provide us with valid postal and email addresses. Invoices, receipts, and school notices will be posted or emailed to you.	
Students who return the SOPA application form before the 25 <sup>th</sup> August will be eligible for an early bird discount of 5%, provided that payment is made between the 1 <sup>st</sup> and 7 <sup>th</sup> of September.	
Details of payment will be provided directly via email.	
<b>IMPORTANT INFORMATION</b>	
<b>PAYMENTS FOR THE AUTUMN TERM WILL BE ACCEPTED AFTER THE 1<sup>st</sup> SEPTEMBER.</b>	

### COVID-19 Terms & Conditions

Please circle:

I agree to abide by the COVID-19 Mitigation plan and guidelines and to adhere to the protocols and regulations set by SOPA

YES

I understand that online lessons will be a provided as a valid alternative to live on-site lessons should the need arise due to COVID-19 and that no refunds/credit will be given for the respective term

YES

**First time SOPA registration fee: €25**

*This fee is to be paid by students who are enrolling at SOPA for the first time.*

#### SOPA KINDI PERFORMING ARTS PROGRAMME (EY1)

TIME 13:00-14:30

SOPA COURSE	DAY	Term 1	
Dance Adventures	Monday	€155	
Kindi Music	Tuesday	€155	
Kindi Drama	Wednesday	€155	
Cosmic Yoga	Thursday	€155	
Melody Bear Ballet	Friday	€155	
Special All Inclusive Package	Monday-Friday	€550	

\*Optional extension for the all-inclusive package to 15:00 for the extra fee of €50.

\*Optional extension for the all-inclusive package to 16:00 for the extra fee of €150.

Contact [office@sopa.com.mt](mailto:office@sopa.com.mt) for further details.

<b>SOPA KINDI ALL INCLUSIVE PERFORMING ARTS PROGRAMME (EY2)</b>			
<b>TIME 14:00-15:00</b>			
<b>SOPA COURSE</b>	<b>DAY</b>	<b>Term 1</b>	
<b>Cosmic Yoga</b>	Monday	€125	
<b>Dance Adventures</b>	Tuesday	€125	
<b>Melody Bear</b>	Wednesday	€125	
<b>Kindi Drama</b>	Thursday	€125	
<b>Kindi Music</b>	Friday	€125	
<b>All Inclusive Package</b>	Monday-Friday	€475	

*\*Optional extension for the all-inclusive package to 16:00 for extra fee of €100.  
Contact [office@sopa.com.mt](mailto:office@sopa.com.mt) for further details.*

<b>SOPA PERFORMING ARTS PROGRAMME (JUNIORS)</b>			
<b>TIME 14:30-16:00</b>			
<b>SOPA COURSE</b>	<b>DAY</b>	<b>Term 1</b>	
<b>Music Appreciation/Choir</b>	Monday	€155	
<b>Tap/Jazz</b>	Tuesday	€155	
<b>Video Dance</b>	Wednesday	€155	
<b>Cosmic Yoga</b>	Thursday	€155	
<b>SOPA Fridays (until 17:00)</b>	Friday	€225	
<b>Special All Inclusive Package</b>	Monday-Friday	€600	

*We regard your privacy as important and we shall comply with the General Data Protection Regulations. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that the School of Performing Arts will have access to it, and consent to such use.*

## Exam Preparation / Extra Lessons

- Any communication with respect to a student part-taking an exam or any extra lessons should be carried out directly by communication through the SOPA office.
- Any communication with respect to fees/lessons dates will be done directly through the office.

## Social Media and GDPR

- Based on new regulations, parents and teachers need to consent to two-way communication with one another to take place over email and phone call/SMS.
- SOPA students under 18 will not be added on any social media platforms by any SOPA staff members.

### Declaration for Students taking Solo Classes

I, \_\_\_\_\_ (name of student),

confirm that I have read and understood the communication strategies described above.

Please choose the 'YES' or 'NO' options below to indicate whether you consent to your individual tutor have access to your mobile number and/or email address.

I consent to my individual tutors to having access to my mobile number for the purposes of informing me about late cancellations (under 12 hours' notice).

YES / NO

I consent to my individual tutors to have access to my email address for the purposes of informing me about late cancellations (under 12 hours' notice), as well as communicate with me on any artistic subjects related to my child's lessons. I understand that the SOPA office will be copied in to any such emails.

YES / NO

Tutors for group classes will not have access to mobile numbers/email addresses of parents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SOPA REGISTRATION – TERMS & CONDITIONS

- Only registered and fully-paid students can attend lessons. All registration forms together with respective payments must be handed in to the SOPA office before the first day of term. Late applications and payments will be accepted subject to availability.
- Only registration forms with BOTH guardian's signatures will be accepted.
- Kindly use one form per child. Brothers and sisters should be registered on separate forms.
- If the minimum number of five pupils for a particular activity is not reached, the activity may be cancelled. In this case, payments made will be refunded through cheques/ bank transfer, payable to the primary guardian and sent by post to the indicated postal address. Places within classes can only be guaranteed for fully paid and registered pupils.
- Parents are kindly asked to take note of the term dates. No refunds or deductions will be made for pupils who stop attending lessons. In the case of sickness or injury, no payments will be refunded for missed lessons.
- Students may be accepted on a class/course after the start of term at the Management's discretion.
- Applications may be posted to SOPA, St. Martin's College, Swatar Road, Swatar, MSD2244, Malta.
- For queries, please contact the office manager at office@sopa.com.mt.
- The School of Performing Arts is an entity recognised by the Arts Council Malta. Parents who have paid fees in respect of children under sixteen years of age who attended cultural or creative courses are entitled to claim a deduction against their chargeable income up to a maximum of €100 in respect of each child. To claim this deduction, parents are asked to complete the appropriate form, which may be downloaded from the Malta Arts Council website (**no forms handed in after the 1<sup>st</sup> March 2023, will be processed for the tax rebate**).
- Punctuality and regular attendance are encouraged to maintain the required standard of excellence. In the case of absence, please inform us prior to the scheduled class.
- SOPA is not responsible for any loss of property on the premises or on transport.
- Acceptance of students onto courses may be refused at the Management's discretion. Students may also be asked to leave the course after commencement at the Management's discretion.
- Students who have an LSA during the scholastic year are also required to have an LSA for SOPA group classes.
- SOPA reserves the right to change class and class content at its discretion. All information in the brochure and form are correct at the time of publishing and may be changed at the management's discretion.
- Punctuality and regular attendance are encouraged to maintain the required standard of excellence.

- SOPA is not responsible for loss of property on the premises.
- Applicants must also fill in a Personal Data and Medical form to be fully registered.
- Fees are non refundable once the term commences. In case of sickness or injury no payments will be refunded for lessons missed.
- Students who are enrolled in any group classes are to be expected to wear the SOPA uniform and correct shoes. (A list of uniform items will be sent by email upon enrolment).

**DECLARATIONS (Mark as applicable):**

I grant permission for teachers to use physical contact during class when correcting my posture and/or movement.

YES / NO

I have read through the application form and registration details and agree to the terms and conditions. All information is correct at the time of publishing and may be changed at the Management's discretion.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PHOTO/VIDEO CONSENT FORM

Please **CIRCLE** Yes or No as appropriate:

- I consent to SOPA taking photos and videos during school lessons and storing them on their private databases for archiving purposes.

YES / NO

- I consent to SOPA taking photos and videos during school performances and events (which can occur within or outside of the school premises) and storing them on their private databases for archiving purposes.

YES / NO

- I consent to SOPA printing photos from their archive and displaying them within the school's premises or within Chiswick House School or St Martin's College.

YES / NO

- I consent to SOPA using photos and videos from their archive on social media or on their website.

YES / NO

- I consent to SOPA using photos and videos from their archive as part of promotional materials on:

Brochures: YES / NO

Flyers: YES / NO

Billboards: YES / NO

Social Media Ads: YES / NO

- I acknowledge that SOPA will arrange a SOPA- appointed photographer and/or videographer to be present at SOPA-produced performances and events across the scholastic year. I acknowledge that my child will feature in such videos and photographs which may be sold/distributed to families and parents for their own private use.

I CONSENT: YES / NO

- The School of Performing Arts teachers will be recording videos on their personal phones when doing choreography during dance lessons for referral purposes. The videos will be kept in our archives and only used internally. Once the dance show has taken place the videos will then be deleted. The videos will not be shared, used as promotional material, or displayed in any manner.

I CONSENT: YES / NO

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SOPA MEDICAL INFORMATION FORM	
Student Name:	Date of Birth:
Family Doctor:	Contact Number:

<b>Is your child allergic to any medications?</b>	YES/ NO
If YES, please give brief details indicating which medications your child is allergic to, and whether the allergy is mild or severe:	
<b>Is your child allergic to any food and/or animals?</b>	YES/ NO
If YES, please indicate details below:	
<b>Is any regular treatment administered to your child at home?</b>	YES/ NO
If YES, please indicate details below:	
<b>Does your child have a medical condition or any other condition of a psychological/behavioural nature that affect their participation in any activity provided by SOPA ?</b>	YES/ NO
If YES, please indicate details below:	
Our child may be given paracetamol tablets/syrup	YES/ NO
We understand that the school will advise us on the same day if paracetamol is administered. The information will be given verbally or by notes, if our child has a headache. If this condition persists, we understand that the school will advise us.	YES/ NO
In the event that we cannot be contacted, emergency treatment as determined by the school's medical or paramedical personnel may be given. By emergency treatment we understand any condition which in the opinion of the school may endanger our child if not treated immediately.	YES/ NO
In the event that a teacher suspects a case of head lice, we authorise the school nurse to check our child's head for head lice.	YES/ NO



**Disclaimer:** *While the school undertakes to provide reasonable care of your child during the time of their scheduled classes, extra lessons or for any other authorised purpose, the school shall not be responsible in any manner except in the event of negligent behaviour on its part.*

**We declare that the above information is true and correct and that any changes in information throughout the years, will be brought to the school's attention in writing.**

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_