

# SCHOOL OF PERFORMING ARTS

<b>CHILD FIRST NAME:</b>			<b>CHILD SURNAME:</b>		
<b>DATE OF BIRTH (CHILD):</b>			<b>NAME OF GUARDIAN:</b>		
<b>TEL/MOB NUMBER:</b>			<b>ID NUMBER (GUARDIAN):</b>		
<b>HOME ADDRESS:</b>			<b>PAYMENT INFORMATION:</b> <i>This is required by the Inland Revenue Department in case of those who pay tax in Malta and so are entitled to a tax rebate of up to €2000.</i> <b>NAME &amp; SURNAME</b> (of person in whose name the rebate form is to be issued): _____ ID/TAX NO: _____		
<b>E-MAIL ADDRESS:</b>			<b>SIGNATURE OF GUARDIAN:</b>		
<b>Eligible for Early Bird Discount of €20</b> <i>For applications received by 30<sup>th</sup> April</i>					
BOV	HSBC	BANIF	OTHER	CASH	TRANSFER
<b>AMOUNT PAID:</b>			<b>RECEIPT NUMBER:</b>		

<b>Has your child attended SOPA/SOPA Summer School before?</b>	YES	NO
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<b>Registration Fee</b> <i>To be paid by first time applicants</i>	€25.00	
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<b>10% Sibling discount applicable?</b>	YES	NO
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SUMMER SCHOOL PROGRAMMES		
COURSE	FEE	TICK
<b>FULL SUMMER PROGRAMME   July 7<sup>th</sup> – Sept 7<sup>th</sup></b> 5-Days (Monday – Friday)	€565	

<b>FULL SUMMER PROGRAMME   July 7<sup>th</sup> – Sept 7<sup>th</sup></b> 3 Days (Tuesday, Wednesday, Thursday)	€465	
<b>FIRST HALF OF SUMMER PROGRAMME</b> <b>Skills &amp; Crafts   July 7<sup>th</sup> – July 30<sup>th</sup></b> 5 Days (Monday – Friday)	€355	
<b>FIRST HALF OF SUMMER PROGRAMME</b> <b>Skills &amp; Crafts   July 7<sup>th</sup> – July 30<sup>th</sup></b> 3 Days (Tuesday, Wednesday, Thursday)	€305	
<b>SECOND HALF OF SUMMER PROGRAMME</b> <b>Skills &amp; Show   Aug 2<sup>nd</sup> – Sept 7<sup>th</sup></b> 5 Days (Monday – Friday)	€370	
<b>SECOND HALF OF SUMMER PROGRAMME</b> <b>Putting Up A Show   Aug 2<sup>nd</sup> – Sept 7<sup>th</sup></b> 3 Days (Tuesday, Wednesday, Thursday)	€325	

<b>EXTRA HOUR SUPERVISION</b>					
<b>PROGRAMME</b>	<b>FEE</b>	<b>TICK</b>	<b>PROGRAMME</b>	<b>FEE</b>	<b>TICK</b>
<b>Full Summer Extra Hour</b> <b>5 Days</b> (Monday – Friday) 8.00am – 9.00am <u>OR</u> 1.00pm – 2.00pm	€145		<b>Half Summer Extra Hour</b> <b>5 Days</b> (Monday – Friday) 8.00am – 9.00am <u>OR</u> 1.00pm – 2.00pm	€90	
<b>Full Summer Extra Hour</b> <b>5 Days</b> (Monday – Friday) 8.00am – 9.00am <u>AND</u> 1.00pm – 2.00pm	€170		<b>Half Summer Extra Hour</b> <b>5 Days</b> (Monday – Friday) 8.00am – 9.00am <u>AND</u> 1.00pm – 2.00pm	€110	
<b>Full Summer Extra Hour</b> <b>3 Days</b> (Tuesday, Wednesday, Thursday) 8.00am – 9.00am <u>OR</u> 1.00pm – 2.00pm	€95		<b>Half Summer Extra Hour</b> <b>3 Days</b> (Tuesday, Wednesday, Thursday) 8.00am – 9.00am <u>OR</u> 1.00pm – 2.00pm	€60	
<b>Full Summer Extra Hour</b> <b>3 Days</b> Tuesday, Wednesday, Thursday) 8.00am – 9.00am <u>AND</u> 1.00pm – 2.00pm	€120		<b>Half Summer Extra Hour</b> <b>3 Days</b> (Tuesday, Wednesday, Thursday) 8.00am – 9.00am <u>AND</u> 1.00pm – 2.00pm	€80	

SCHOOL OF   
PERFORMING ARTS

SUMMER REGISTRATION 2021

## REGISTRATION DETAILS

- SOPA Summer classes **will take place at SOPA, St. Martin's College, Swatar Road, Swatar.**
- Applications onto a course is on a first-come-first-served basis, subject to approval by the SOPA Management.
- Only registered and fully-paid pupils can attend lessons. All registration forms together with respective payments must be handed in to the SOPA office by the **25th of June**. 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. Please contact the SOPA office regarding discounts for multiple siblings.
- A discount is applicable to CHS & SMC staff members in line with the Memorandum "Discount on Tuition Fees" issued at the beginning of each scholastic year. SOPA staff members are kindly asked to contact the SOPA office for further information regarding the discounts applicable to them.
- If the minimum number of pupils for a particular activity is not reached, the activity may be cancelled. In this case, payments made will be refunded.
- Parents are kindly asked to take note of 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 who have as LSA during the school scholastic year will also require an LSA during the Summer School Programme. Should you require assistance in seeking such support, please contact the SOPA office.
- Cheques are to be made payable to **Swatar M&B Ltd**. Applications and payments may be posted to SOPA Office, School of Performing Arts, St. Martin's College, Swatar Road, Swatar MSD 2244.
- Bank details for payments as below:  
Bank: Bank of Valletta  
Account Name: Swatar M and B Ltd  
Account Number: 16709675034  
IBAN: MT65VALL22013000000016709675034  
BIC: VALLMTMT
- SOPA Management reserves the right to change class and class content at its discretion. All information in the Summer School 2021 brochure, programme, 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. In case of non-attendance we would appreciate being informed prior to the scheduled class.
- SOPA is not responsible for loss of property on the premises.
- Applicants must fill in the attached Use of Personal Data Form, Medical Form, Collection Form for the application to be processed.

SUMMER REGISTRATION 2021

**DECLARATIONS (delete as applicable)**

- I grant/refuse permission for teachers to use physical contact during class when correcting my child's posture and/or movement.
- I grant/refuse permission to teachers/assistants to accompany my child to the bathroom and help if required (applicable to 3 to 5 year olds).

I have read through the application form and registration details and agree to the terms and conditions.

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**Guardian's Signature**

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**Date**

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**Guardian's Signature**

## COLLECTION OF PUPILS FORM SOPA SUMMER SCHOOL 2021

Child's Name: \_\_\_\_\_

Course: 3 Day Programme

5 Day Programme

Please fill out the below fields indicating who is authorised to collect your child:

He/she is collected daily by \_\_\_\_\_ ID No: \_\_\_\_\_

He/she is collected on:

Monday by \_\_\_\_\_ ID No: \_\_\_\_\_

Tuesday by \_\_\_\_\_ ID No: \_\_\_\_\_

Wednesday by \_\_\_\_\_ ID No: \_\_\_\_\_

Thursday by \_\_\_\_\_ ID No: \_\_\_\_\_

Friday by \_\_\_\_\_ ID No: \_\_\_\_\_

\_\_\_\_\_  
**Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian's Signature**

**Note:** Should your child need to be collected by any other person than the above mentioned on any given day you are kindly requested to advise us at least 3 hours prior to collection time.

SUMMER REGISTRATION 2021

**SOPA MEDICAL INFORMATION FORM**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Family Dr:** \_\_\_\_\_ **Dr Contact No.:** \_\_\_\_\_

**Blood Group:** A+ \_\_\_\_\_ A- \_\_\_\_\_ B+ \_\_\_\_\_ B- \_\_\_\_\_ AB+ \_\_\_\_\_ AB- \_\_\_\_\_

O+ \_\_\_\_\_ O- \_\_\_\_\_

Is your child allergic to any medication (Delete as applicable)? **YES / NO**

If **YES**, please give brief details indicating which medications your child is allergic to, and whether the allergy is mild or severe.

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Is your child allergic to any food and/or animals (Delete as applicable)? **YES / NO**

If **YES**, please indicate details below.

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Is any regular treatment administered to your child at home (Delete as applicable)? **YES / NO**

If **YES**, please indicate details below.

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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 (Delete as applicable)? **YES / NO**

If **YES**, please describe below.

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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.**

\_\_\_\_\_  
**Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian's Signature**

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. 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.

**PHOTO/VIDEO CONSENT FORM**

Please tick Yes or No as appropriate:

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

**YES**  **NO**

- I consent to SOPA taking photos 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 from their archive on social media or on their website.

**YES**  **NO**

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

Brochures **YES**  **NO**

Flyers **YES**  **NO**

Billboards **YES**  **NO**

Social Media Adverts **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 for promotional material, or displayed in any manner. Could you please confirm whether you consent to videos of your child being used in the manners described.

I consent to SOPA teachers taking videos during dance lessons.

**YES**  **NO**

\_\_\_\_\_  
**Guardian’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian’s Signature**