



**ANTHOS ARTS CHAEMELEONS PROJECT –  
‘TOWN OF TALES SUMMER TERM 2022**

Applicant’s Details

|                |  |
|----------------|--|
| Child’s Name   |  |
| Preferred name |  |
| Date of Birth  |  |
| Address        |  |

Parent/Guardian(s) Contact Information

|  |  |
|--|--|
| Full Name(s)   |  |
| Street Address (leave blank if the same as above)                |  |
| Town Postcode  |  |
| Contact Numbers (Home/Phone)                                     |  |
| E-Mail Address   |  |
| Person to Notify in Case of Emergency and number (if different). |  |

**Rehearsals**

This term will run from Saturday 7<sup>th</sup> January to Sunday 26<sup>th</sup> March at **Exeter Community Centre, 17 St**

**David’s Hill, Exeter EX4 3RG.** Sessions shall take place from **10:30am-12:30pm.**

The final performance will take place on the last week of term (Sunday 26<sup>th</sup> March) at the Barfield Theatre; participants must be available to attend the theatre from 9am on the day of the performance. The total cost of participation is **£108 (£9 per session x 12 sessions).**

Please list any dates between Saturday 7<sup>th</sup> January and Sunday 26<sup>th</sup> March where your child/children would be unable to attend on the table below. Please note there will be an extended session on either Saturday 18<sup>th</sup> March or Sunday 19<sup>th</sup> March to allow for the dress rehearsal. We are in discussion with the theatre about having the dress rehearsal at the venue and will update parents at the start of term.

|  |  |
|--|--|
| Please mark any dates where your child/children would be unable to attend. |  |
| Saturday 7 <sup>th</sup> January   |  |
|  |  |

|   |  |
|---|--|
| Saturday 14 <sup>th</sup> January   |  |
| Saturday 21 <sup>st</sup> January   |  |
| Saturday 28 <sup>th</sup> January   |  |
| Saturday 4 <sup>th</sup> February   |  |
| Saturday 11 <sup>th</sup> February  |  |
| Saturday 18 <sup>th</sup> February  |  |
| Saturday 25 <sup>th</sup> February  |  |
| Saturday 4 <sup>th</sup> March  |  |
| Saturday 11 <sup>th</sup> March   |  |
| Saturday 18 <sup>th</sup> March 10am-1pm ( <i>this session may move to Sunday 19<sup>th</sup> March, as we are hoping to have the dress rehearsal at the theatre.</i> ) |  |
| Sunday 26 <sup>th</sup> March 9:30am-4pm  |  |

I agree to a payment of £9 a session (£108 full payment)

Payment can be paid in full via bank transfer to:

*Anthos Arts*

*Account Number: 57329370*

*Sort Code: 600806*

Alternatively, cheques to be made to Anthos Arts. Please contact us to discuss alternative payment methods/if you have any questions.

**Full payment must be made by Saturday 11<sup>th</sup> February. Please do not make any payments until your child/children's space in the group has been confirmed.**

### Availability

To make things fair, unexplained/unplanned absences not related to health during the previous term will be considered when reviewing applications.

### Special Educational, Dietary and/or Health Considerations

Anthos Arts works hard to uphold and respect **equal rights**. If you have any **special educational, dietary, and/or medical considerations** that you believe will affect the participatory nature of Anthos Arts, and you feel are important to **declare**, please use the below box. This is so that we make sure measures are put in place and our young people are best supported during rehearsal times.

*For the duration of these projects, our certified first aider will be Jake Celecia (or Emma Goulding in his absence).*

**If these change, please do get in touch with us: [anthos-arts@outlook.com](mailto:anthos-arts@outlook.com)**

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### Media/ photos/ videos

A part of Anthos Arts' success has been our media attention. Please sign below to show that you are happy for us to photograph/video your child and that they can be a part of any media used within our publicity. Photos will not be taken/shared without parent's permission.

|  |  |
|--|--|
| I (parents/ guardians name)<br>_____<br>allow my child (child's name)<br>_____<br>to be photographed and videoed for use by Anthos Arts publicity. | <u>Parent/ guardians signature</u><br><br><br> |
|--|--|

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member of Anthos Arts 2021/22, any important information that has not been disclosed is at my own liability.

|                                   |  |
|-----------------------------------|--|
| Parent/Guardian(s) Name (Printed) |  |
| Signature                         |  |
| Date                              |  |

**This form should be completed and returned to: [applications.anthos-arts@outlook.com](mailto:applications.anthos-arts@outlook.com) . We will not be able to confirm a space unless we have a completed application form. If you have any difficulties submitting your form, please get in touch.**

Thank you for filling out the application form.

