CANDICE CONWAY

THEATRE SCHOOL

Inspiring the next generation!

LAMDA AT ALBAN CITY SCHOOL

Thrive!

LAMDA Verse and Prose	**GROUP SESSIONS OF 4 FOR AGES 5+**	**FRIDAYS DURING THE SCHOOL DAY**	**£11.00 per week per child**

Autumn Term

Term 1

(13 weeks)

Start of term: 12th September 2025 (7 weeks)

Half term holiday: 27th October to 31st October 2025

Return to class: 7th November 2025

End of term: 12th December 2025 (6 weeks)

LAMDA GRADED EXAMINATIONS IN SPEAKING VERSE AND PROSE – DEVELOPING THE SKILLS NECESSARY FOR EFFECTIVE SPEAKING COMMUNICATION OF THE WRITTEN WORD. DEVELOPING A STRONG SPEAKING VOICE AND GOOD MEMORY SKILLS BY LEARNING TWO PIECES/POEMS.

PLEASE EMAIL TO BOOK:

THEATRESCHOOL@CANDICECONWAY.CO.UK

BOOST CONFIDENCE, DEVELOP CREATIVITY AND HAVE FUN WITH FULLY TRAINED AND DBS CHECKED TEACHERS.

07903672216 THEATRESCHOOL@CANDICECONWAY.CO.UK

WWW.CANDICECONWAYTHEATRESCHOOL.CO.UK

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PAYMENT DETAILS FOR THEATRE SCHOOL & LAMDA CLASSES

WE ARE PLEASED TO CONFIRM THAT WE ACCEPT CHILDCARE VOUCHERS AND TAX-FREE CHILDCARE AS FORMS OF PAYMENT FOR BOTH OUR THEATRE SCHOOL AND LAMDA CLASSES. IF YOU REQUIRE OUR CHILDCARE ACCOUNT NUMBER, PLEASE DON'T HESITATE TO CONTACT US.

BANK TRANSFER PAYMENTS:
PAYMENTS CAN BE MADE VIA BANK TRANSFER TO THE FOLLOWING ACCOUNT:
ACCOUNT NAME: CANDICE CONWAY THEATRE CAMPS LTD
BANK: BARCLAYS
SORT CODE: 20-74-12
ACCOUNT NUMBER: 73982319

IMPORTANT: PLEASE ENSURE TO USE THE REFERENCE NUMBER PROVIDED ON YOUR INVOICE WHEN MAKING THE PAYMENT. KINDLY WAIT TO MAKE PAYMENT UNTIL YOU HAVE RECEIVED THE INVOICE.

CCTS LAMDA CLASSES – TERMS AND CONDITIONS

A FULL CONTRACT WILL BE ISSUED AT THE TIME OF BOOKING. BY ENROLLING IN OUR LAMDA PROGRAMME AND SUBMITTING YOUR SIGNED AGREEMENT, YOU CONFIRM THAT YOU HAVE READ AND ACCEPTED THE FOLLOWING TERMS AND CONDITIONS:

1. BOOKING AND PAYMENT:

- A STUDENT'S PLACE IN A LAMDA CLASS IS ONLY CONFIRMED ONCE THE CONTRACT HAS BEEN SIGNED AND PAYMENT HAS BEEN RECEIVED, VIA INVOICE.
- ALL FEES MUST BE PAID IN FULL PRIOR TO THE START OF THE TERM. FAILURE TO DO SO MAY RESULT IN AN ADMINISTRATION FEE BEING ADDED TO YOUR TOTAL BALANCE AND YOUR CHILD WILL NOT BE ABLE TO ATTEND.

2. LATE PAYMENT:

- IF FEES REMAIN UNPAID ONCE THE TERM HAS COMMENCED AND AFTER MULTIPLE EMAIL REMINDERS, A LATE PAYMENT FEE OF 2% PER WEEK WILL BE APPLIED TO THE OUTSTANDING BALANCE UNTIL PAYMENT IS RECEIVED IN FULL.

3. MISSED SESSIONS AND REFUNDS:

- UNFORTUNATELY, WE ARE UNABLE TO OFFER REFUNDS OR RESCHEDULE MISSED SESSIONS DUE TO ILLNESS OR PERSONAL COMMITMENTS, AS TUTORS ARE CONTRACTED FOR A SPECIFIC SCHEDULE.
- IN THE EVENT THAT WE ARE REQUIRED TO CANCEL A SESSION DUE TO CIRCUMSTANCES BEYOND OUR CONTROL (E.G. TUTOR ILLNESS OR VENUE CLOSURE), WE WILL EITHER REARRANGE THE SESSION OR OFFER AN ALTERNATIVE FORMAT, INCLUDING ONLINE DELIVERY IF NECESSARY.

4. TERM COMMITMENT AND NOTICE PERIOD:

- ONCE A PLACE HAS BEEN CONFIRMED AND PAID FOR, YOU ARE COMMITTING TO THE FULL TERM AND ARE THEREFORE LIABLE FOR THE FULL TERM'S FEES.
- AS OUTLINED IN THE LAMDA CONTRACT, ONE TERMS WRITTEN NOTICE IS REQUIRED SHOULD YOU WISH TO WITHDRAW YOUR CHILD FROM THE PROGRAMME. NOTICE MUST BE GIVEN BEFORE THE START OF THE NEW TERM; OTHERWISE, YOU REMAIN LIABLE FOR THE FOLLOWING TERM'S FEES.
- REFUNDS ARE NOT OFFERED FOR TRIAL SESSIONS OR ANY SESSIONS MISSED DUE TO STUDENT WITHDRAWAL DURING THE TERM.
- CCTS RESERVES THE RIGHT TO OFFER A STUDENTS SPACE OUT TOT HE NEXT ON THE LIST IF WE DO NOT HERE FROM YOU WITHIN A ONE MONTH PERIOD.

5. BEHAVIOUR AND CONDUCT:

- CCTS RESERVES THE RIGHT TO WITHDRAW A STUDENT FROM THE PROGRAMME IF THEIR BEHAVIOUR IS PERSISTENTLY DISRUPTIVE OR UNSAFE. IN SUCH INSTANCES, REFUNDS WILL BE ISSUED ONLY AT OUR DISCRETION.

6. CLASS CHANGES AND TUTOR AVAILABILITY:

- WHILE WE AIM TO PROVIDE CONSISTENT TEACHING, WE RESERVE THE RIGHT TO CHANGE CLASS TIMES, TEACHER OR VENUES WHERE NECESSARY. IN THE EVENT OF TEACHER ABSENCE, WE WILL ENDEAVOUR TO ARRANGE A SUITABLE SUBSTITUTE OR RESCHEDULE THE SESSION.

7. EXAMINATIONS:

- FOR STUDENTS WORKING TOWARDS A LAMDA EXAMINATION, PARENTS WILL BE GIVEN FULL DETAILS OF EXAM DATES, FEES, AND REQUIREMENTS IN ADVANCE. CCTS IS NOT RESPONSIBLE FOR CHANGES MADE BY LAMDA TO EXAM SCHEDULES, VENUES, OR OUTCOMES.

BY SIGNING THIS FORM I AM AGREEING TO THE CCTS TERMS AND CONDITIONS ABOVE FOR MY CHILD.

(CHILD'S NAME) .....

CLASS .....

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NAME.....

D.O.B..... **SCHOOL YEAR**.....

CURRENT EMAIL .....

CURRENT MOBILE NUMBER .....

SECOND CONTACT MOBILE NUMBER .....

ADDRESS:

.....

.....

.....

MEDICAL/ALLERGIES/ NEUROLOGICAL NEEDS:

.....

.....

CONSENT FOR PHOTOGRAPHY (PROMOTIONAL PURPOSES ONLY/ PLEASE CIRCLE):

YES/NO

PREVIOUS EXPERIENCE (GRADES AND SYLLABUS)

.....

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SIGNED ..... **DATE** .....