



Playtime & Junior Programs Registration Form 2016-17

Student's Name:		Age:	Date of Birth:	M	F
Address:					
City:		Province:	Postal Code:		
Parent/Guardian:					
Email address:					
Phone (home):		(work):	(cell):		
Emergency Contact:			Relationship to child:		
Emergency Contact Phone (home):		(work):	(cell):		
Medical conditions/allergies:					
Medicare Number:					

I am enrolling my child in:
Fall 2016

√	PROGRAM	AGE RANGE	DATES	DURATION	DAY	TIME	TUITION
<input type="checkbox"/>	Playtime Theatre Fall	K -Gr. 2	Sept 24 - Dec 10	12 weeks	Sat	9-10 AM	\$185
<input type="checkbox"/>	Junior Musical Theatre 1	Gr. 3-5	Sept 24 - Dec 10	12 weeks	Sat	10-1 PM	\$320
<input type="checkbox"/>	Junior Musical Theatre 2	Gr. 3-5	Sept 21 - Dec 10	12 weeks	Wed	1-4 PM	\$320
<input type="checkbox"/>	Junior Acting	Gr. 3-5	Sept 20 - Dec 6	12 weeks	Tues	5:30-7:30PM	\$265

Winter 2017

√	PROGRAM	AGE RANGE	DATES	DURATION	DAY	TIME	TUITION
<input type="checkbox"/>	Playtime Theatre Winter	K -Gr. 2	Feb 4 - May 13	12 weeks	Sat	9-10AM	\$185
<input type="checkbox"/>	Junior Musical Theatre 1	Gr. 3-5	Feb 4 - May 20	12 weeks	Sat	10-1 PM	\$320
<input type="checkbox"/>	Junior Musical Theatre 2	Gr. 3-5	Feb 1 - May 20	12 weeks	Wed	1-4 PM	\$320
<input type="checkbox"/>	Junior Acting	Gr. 3-5	Jan 31 - Apr 25	12 weeks	Tues	5:30-7:30PM	\$265

I am interested in buying a TNB Theatre School T-shirt for my child for \$17.25	Yes	No
If yes, please select size: (Choose)	Please select colour(s): (Choose)	

Method of Payment: Cash Cheque Mastercard VISA

Credit Card #: _____

Exp: _____

(Optional)

Amount Paid: _____

Date Paid: _____
dd/mm/yyyy

Payment must be received in full by the first class. Postdated cheques or pre-authorized credit card slips will be accepted as part of the payment in full.

I give permission for my child to participate in all activities of Theatre New Brunswick Theatre School (The Beaverbrook Auditorium). Theatre New Brunswick cannot be held responsible for accidents or injuries. I acknowledge that my child is working in an environment that presents physical challenges and risks.

I give permission for group photos and video footage of my child in rehearsal or performance to be used for marketing purposes only.
Please Note: parents will be contacted for further permission should we wish to use an individual photo of this child.

Parent/Guardian Signature:

Date:

PREVIOUS COURSES ATTENDED	
PROGRAM NAME	
Playtime Theatre – Summer	<input type="checkbox"/>
Playtime Theatre – Fall	<input type="checkbox"/>
Playtime Theatre – Winter	<input type="checkbox"/>
Junior Acting – Summer	<input type="checkbox"/>
Junior Musical Theatre 1 – Summer	<input type="checkbox"/>
Junior Musical Theatre 2 – Summer	<input type="checkbox"/>
Junior Musical Theatre 1 – Fall	<input type="checkbox"/>
Junior Musical Theatre 2 – Fall	<input type="checkbox"/>
Junior Musical Theatre 1 – Winter	<input type="checkbox"/>
Junior Musical Theatre 2 – Winter	<input type="checkbox"/>
Intermediate Musical Theatre - Summer	<input type="checkbox"/>
Intermediate Musical Theatre – Fall	<input type="checkbox"/>
Intermediate Musical Theatre - Winter	<input type="checkbox"/>
Intermediate/Senior Acting – Summer	<input type="checkbox"/>
Intermediate/Senior Acting – Fall	<input type="checkbox"/>
Intermediate/Senior Acting – Winter	<input type="checkbox"/>
Intermediate/Senior Acting for Camera (Summer only)	<input type="checkbox"/>
	<input type="checkbox"/>

FEEDBACK FROM ANY PREVIOUS COURSES ATTENDED:

I give permission for Theatre New Brunswick to use my feedback for marketing purposes.

I would like to receive information regarding upcoming events and classes.