

Intermediate / Senior Programs Registration Form 2017-18



Student's Name:		Age:	Date of Birth: dd/mm/yyyy	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:

✓	PROGRAM	AGE RANGE	DATES	DURATION	DAY	TIME	TUITION
<input type="checkbox"/>	Intermediate Musical Theatre	Gr. 6-8	Sept 21–May 26	24 weeks	Thurs	5:30-8:30PM	\$640
<input type="checkbox"/>	Intermediate/Senior Acting	Gr. 6-12	Sept 20–May 19	24 weeks	Wed	5:30-8:30PM	\$640+HST
<input type="checkbox"/>	Senior Musical Theatre	Gr. 9-19 yrs	Sept 18–April 28	24 weeks	Mon	5:30-8:30PM	\$640 +HST
<input type="checkbox"/>	Musical Theatre Dance Technique	Gr. 6-12	Sept 17-Dec 3	12 weeks	Sun	6:30-8:30PM	\$200+HST

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

To pay with Credit Card, please call 506-460-1381 ext. 103. TNB does not accept online payments.

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: _____
 dd/mm/yyyy

PREVIOUS COURSES ATTENDED	
PROGRAM NAME	
Playtime Theatre	<input type="checkbox"/>
Junior Acting	<input type="checkbox"/>
Junior Musical Theatre 1	<input type="checkbox"/>
Junior Musical Theatre 2	<input type="checkbox"/>
Intermediate Musical Theatre	<input type="checkbox"/>
Intermediate/Senior Acting	<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.