



Theatre School Registration

Winter 2018

Student's Name:		Age:	Date of Birth: <u> </u> / <u> </u> / <u> </u> dd/mm/yyyy	<u>M</u> <u>F</u>
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:
Winter 2018

✓	PROGRAM	AGE RANGE	DATES	DURATION	DAY	TIME	TUITION
<input type="checkbox"/>	Playtime Theatre Winter	K-Gr. 2	Feb 3 - May 12	12 weeks	Sat	9-10AM	\$185
<input type="checkbox"/>	Junior Musical Theatre 1	Gr. 3-5	Feb 3 - May 19	12 weeks	Sat	10-1 PM	\$320
<input type="checkbox"/>	Junior Musical Theatre 2	Gr. 3-5	Jan 31 - May 19	12 weeks	Wed	1-4 PM	\$320
<input type="checkbox"/>	Junior Acting	Gr. 3-5	Jan 30 - May 8	12 weeks	Tues	5:30-7:30PM	\$265
<input type="checkbox"/>	Musical Theatre Dance Technique	Gr. 6-12	Jan 7- March 25	12 weeks	Sun	6:30-8:30PM	\$200+HST

I am interested in buying a TNB Theatre School T-shirt for my child for \$17.95 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: / /
dd/mm/yyyy

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"/>

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.