

Date: _____

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Charactors Theatre Troupe
2026 Registration Form
Mini Musical Theatre Program

Surname:	Child's Name:
Date of Birth (dd/mm/yy):	Grade (as of Sept 2026): Pronouns:

Personal Information

Home Address:	
City:	Postal Code:
Home #: ()	

Parent #1 Name:	Cell #: ()
Parent #2 Name:	Cell #: ()

Parent Email Address (to receive class memos and newsletters, only): _____

Medical Information

Please state any physical or emotional difficulties as well as any allergies and other necessary medical information.

Registration Information and Payment Options

SESSION:	<input type="checkbox"/> Fall/Winter Session (Sept 20 – Jan 24)	<input type="checkbox"/> Winter/Spring Session (Jan 31 – June 20)
Class Time:	<input type="checkbox"/> Sunday Mornings 10:30am – 12:00pm	<input type="checkbox"/> Sunday Afternoons 12:00pm – 1:30pm
<input type="checkbox"/> One term full payment: \$595 + HST = \$672.35 (includes \$200 non-refundable deposit) <input type="checkbox"/> Registration Deposit = \$200 (deposit is non-refundable and with balance of \$472.35 due by first day of session)		
Payment made by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> e-transfer (to mail@charactors.ca)		
Amount Enclosed: \$	Visa/ MC #:	Exp: CVV:
Cardholder will pay total amount shown to card issuer according to cardholder agreement.		
Signature: _____.		
Please debit the remainder of the registration fee directly from my credit card. <input type="checkbox"/> YES, or <input type="checkbox"/> NO. Initials: _____		

Conditions of Enrollment

- I am allowing my child to participate in all Charactors program activities. I give Charactors Theatre Troupe Staff authority to act on my behalf, and release and indemnify Charactors Theatre Troupe, its Directors, Management and Employees from any and all claims for damages arising as a result of any injury, accident, however caused, while my child is participating in a Charactors program.
- I consent to the use of my Child's likeness for publicity purposes, and I have read and understood the conditions of enrollment in this program.

Parent/ Guardian Signature: _____

Date: _____