Date:	JUNIOR/SENIO	R	
Surname:	Child's Name:		Charactors Theatre Troup
Date of Birth (dd/mm/yy):	Grade (as of Sept 2023):	Pronouns:	2023 Registration Form Jr/Sr Musical Theatre Program
	Personal Information	1	
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	1	
Please state any physical or emotion	onal difficulties as well as any alle	rgies and other ne	cessary medical information.
	Registration Information and Pay	ment Options	
Program:	Class Day:	Cl	ass Time:
<ul> <li>Full payment (from June 1<sup>st</sup>, 20</li> <li>Registration Deposit (with bala</li> <li>Installment Plan (BY E-TRANSF)</li> </ul>	nce due by August 30 <sup>th</sup> , 2023) = \$		\$488 on/by Sept 30 & Nov 30
Payment made by: [		e-transfer (to mai	•
Amount Enclosed: \$	/isa/ MC #:		Exp: CVV:
Cardholder will pay total amount sh  Signature:  Please debit the remainder of the regi	_	-	y of class. [ ] YES, or [ ] NO.
			Initial:
	Conditions of Enrollmo	ent	
<ul> <li>my behalf, and release and indem for damages arising as a result of a</li> <li>I consent to the use of my Child's this program.</li> </ul>	ate in all Char <b>actors</b> program activities. Inify Char <b>actors Theatre Troupe</b> , its Direct any injury, accident, however caused, we likeness for publicity purposes, and I have the purposes of the Junior and Senior Mulavailable until October 1 <sup>st</sup> , 2023.	tors, Management and hile my child is participate ave read and underst usical Theatre progran	d Employees from any and all claims pating in a Char <b>actors</b> program. The conditions of enrollment in

Date:

Parent/ Guardian Signature:\_\_\_