

THEATRE CLASS REGISTRATION FORM

**PLEASE COMPLETE AND RETURN TO
tara@renemcaissetheatre.ca or drop off at theatre directly**

Child's First & Last Name:
Mailing Address:
Postal Code:

Age:
City:

Caregiver's Names:
Home Tel. No:
Work Tel. No:
Cell #:

Email (required):

My Child Lives at Home With His/Her: (Indicate: Parents, Mother, Father or Other)

Does your child have any physical, mental or medical (includes allergies) conditions of which we should be aware?

If yes, please identify:

Is your child currently on medication?

If yes, please print name:

If yes, please print reason:

CHOICE OF PROGRAM(S): _____

A Deposit of \$50 per class booked is due upon registration.

Full payments are due one week prior to first day of class.

CIRCLE METHOD OF PAYMENT: CASH DEBIT VISA M/C CHEQUE

If credit card please indicate:

NUMBER:

EXP DATE:

Total Amount Paid: \$ _____ Total Amount Owing: \$ _____

Signature: _____ Date: _____