

Date received:
Status:

**THEATRE DIRECT DRAMA SCHOOL 2011-2012: REGISTRATION FORM**

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
*First Last dd/mm/yyyy*

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate desired classes with a checkmark (Please select all that apply to this child)**

Fall	Winter/Spring
<input type="checkbox"/> Saturday Morning Drama Club – 4/5 Years – 10:00 am to 11:00 am	<input type="checkbox"/> Saturday Morning Drama Club – 4/5 Years – 10:00 am to 11:00 am
<input type="checkbox"/> Saturday Morning Drama Club – 6 to 8 Years – 11:15 am to 12:30 pm	<input type="checkbox"/> Saturday Morning Drama Club – 6 to 8 Years – 11:15 am to 12:30 pm
<input type="checkbox"/> Saturday Boys Adventure Drama – Ages 6 to 9 – 1:00pm – 2:15pm	<input type="checkbox"/> Saturday Boys Adventure Drama – Ages 6 to 9 – 1:00pm – 2:15pm
<b>Full Season Programs</b>	
<input type="checkbox"/> Monday Young Writer's Circle – Grade 7 – 4:00pm to 6:00pm	
<input type="checkbox"/> Tuesday Afterschool Drama Ensemble – Ages 6 to 8 – 4:30pm to 6:00pm	
<input type="checkbox"/> Wednesday Afterschool Drama Ensemble – Ages 8 - 12 – 4:30pm to 6:00pm	

Parent/Caregiver Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
*First Last*

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*Theatre Direct will be in contact to discuss payment and provide you with an **Information/Release form** following receipt of the Registration Form.*

*Registration will be confirmed with parents/caregivers when payment has been received. Spaces will be held for 2 weeks without payment after which time the registrant will be notified and the space relinquished to the next person on the waiting list.*

*Please return completed form to Kristin Rodgerson, Education Coordinator at our offices or electronically at [education@theatredirect.on.ca](mailto:education@theatredirect.on.ca)*