

STAGECOACH THEATRE SCHOOL

2019/2020 REGISTRATION FORM

Student's Name:

Parent's Name(s):

Address:

Home Phone:

Cell Phone:

Email:

Birthdate:

Age:

Gender:

MSP/Medical #:

Doctor's Name & #:

Emergency Contact Info:

If answering yes to the following questions please explain on the back of this sheet.

Does your child have any medical conditions or allergies we should be aware of? Y or N

Is your child on any medications? (ie: insulin, etc.) Y or N

Are there any custody arrangements we need to be aware of? Y or N

Please Register my child for:

Registration Checklist:

Theatre Seekers (5-7)	\$350.00		Contact Info	
Intermediate Theatre (8-10)	\$390.00		Care Card Number	
Improv (10+)	\$390.00		Consent Form	
Onstage Theatre (11+) Interview Required	\$985.00		Code of Conduct Contract	
			Tuition Policy	

Please drop off this completed form with registration fees at Salt Spring Books or email a scanned copy to stagecoachtheatreschool@gmail.com Payment can be made via cheque attached to this registration or emailed to the address listed here upon acceptance to the program.

Office Use Only

Multi Family		Date Received	
Rising Star Grant		Add to Waitlist	
Monthly Payment Plan/Admin Fee		Invoice Prepared #	