

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of March 1st, 2019) _____
Street Address _____
Town/City _____ Province _____ Postal Code _____ Child’s Home Phone _____
Please Circle - Early Drop-Off YES or NO & Late Pickup YES or NO

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ Province _____ Postal Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ Province _____ Postal Code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____

Child lives with: _____
Person responsible for payment _____

Payment Options

Tuition is \$299.99 plus HST. You are required to pay \$50.00 deposit to hold a space with the remaining fees due September 1stth 2019. There is a \$25.00 credit per additional child you enroll with us applied to all of your children. You can pay by cheque, cash, e-transfer, or credit card.

Cancellation Dates

You agree to forfeit your \$50.00 deposit if cancellation is received after August 15th 2019 _____ initial
You understand that you can lose your spot if session fees are not paid in full by September 1st 2019 _____ initial
If cancellation occurs after September 1st for any reason other than medical or emergency your entire fee is forfeit _____ initial
If cancellation occurs after September 1st for a valid medical issue or family emergency your fee will refunded in its entirety _____ initial

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child. If you have a photograph of the person please include it or arrange for us to meet them with you. Please notify us if any changes require us to pull one of the listed people

1: _____ 2: _____ 3: _____

Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

In case of medical emergency

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Please circle how you heard about the Rail City Theatre Youth Acting Program.

Website School Word of Mouth Flyer Social Media Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the RAIL CITY THEATRE YOUTH ACTING PROGRAM. I understand the photos will be used to share on our social media channels and website for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of RAIL CITY THEATRE

Parent's/Guardian's Initials _____

RAIL CITY THEATRE is not responsible for lost or damaged personal property.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____