THEATRE STREET Music & Performing Arts Studio

TRIPLE THREAT PROGRAM

Theatre Street 905.648.3505

www.theatrestreet.ca theatrestreet@hotmail.com

Registration Address: 26 Enmore Ave Ancaster Ontario

We Are Located in ANCASTER!
Inside Alberton Presbyterian Church
528 Alberton Road, Ancaster.

Students Will Enjoy Classes in Professional Voice, Drama & Dance.

Our program is taught by professional & performing instructors who place an emphasis on self-confidence & creative development.

At the end of the program, students will get to showcase their talents and achievements in an **ORIGINAL STAGED MUSICAL PRODUCTION.**

Program Session: Program runs Friday evenings 5-7 pm from September til April. Performance is in April.

An exciting MUSICAL
THEATRE PROGRAM
that features all aspects
of theatre arts for
youth between
the ages of 6 to 14.

How to register: Fill out the registration form on the reverse and submit with payment. Payment options: e-Transfer, or cheque made payable to 'Theatre Street' Additional forms are available online.

Registration For Our 2021/2022
Season Is Now Open
Space Is Limited!

Inspire Perform Achieve Believe



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Name (Last, First)		Age G		der	D.O.B. (YY/MM/DD)
1st Child					
2nd Child					
Email: (mandatory) I give Theatre Street permission to contact me by email regarding all activities, information and programs x:					
Address		City	Postal Code		Phone
		Opt. 2: \$550.00 Pa \$200.00 Pa Program fees are non-refun Cash payments must be han Please make cheques payal s / medications) I give The	Opt.1: \$700.00 Paid in full (\$50 discount) Opt. 2: \$550.00 Paid now & \$200.00 Paid by Nov. 1st rogram fees are non-refundable & non-transferrable. ash payments must be handed in directly to the Studio. lease make cheques payable to "Theatre Street" nedications) I give Theatre Street full permission		
For my child in the event of illness / injury at my expense. Children with special needs must provide a caregiver at their expense. X: Date:					
Family Doctor		Phone Number			
Parent/Guardian Name		Phone Number (home/cell/work)			
Parent/Guardian Name		Phone Number (home/cell/work)			
Emergency Contact Name		Ph. Number (home/cell/work) Relationsh		ip to Student	
I realize that there are risks involved in any activity or program and I acknowledge that my choice to participate or register my child/self at Theatre Street Music & Performing Arts Studio brings with it the assumption of those risks. I am aware of no physical or other reason why the above-named students should not participate in this program. I do hereby release, waive and forever discharge Theatre Street Music & Performing Arts Studio, its instructors and agents from fault for injuries due to participation in this program or in any facility or location that this program is held. I also agree that if my child exhibits behaviors deemed detrimental to the facility, the staff, other students or the Performance they will be removed from the program & Performance without refund. By signing below, parents, guardians and students agree to abide by all rules, regulations, financial policies and procedures and expectations for behaviour for Theatre Street Music & Performing Arts Studio.					
X: Date:					
How did you hear about us? Please complete & be specific.					
I acknowledge and agree to that classes, as well as the final show will be recorded. Photos may be used for advertising purposes with no compensation. A video recording and or online link of the final performance will be available for sale to parents of students only.					
X: Date:					
Parents: If you have any skills that you think would contribute to our Performance such as costuming, props, set building & design, etc would you be willing to volunteer? Volunteers will be contacted in January.					