



Act One School of Drama

...because "All the world is a stage"

1755 Plummer Street, Units 1 & 2
Pickering, Ontario L1W 3S1

ph: (905) 420-8129

fax: (905) 420-6828

www.actonedrama.com

2010-11 Programme Registration Form

Student Information: Female Male

SURNAME: _____

FIRST NAME: _____ DATE OF BIRTH: _____
MONTH DAY YEAR

ADDRESS: _____
NUMBER STREET APT

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

HEALTH CARD #: _____

In case of emergency, please contact:

NAME: _____

RELATIONSHIP TO STUDENT: _____ HOME PHONE #: _____

CELL PHONE #: _____ WORK PHONE #: _____

PLEASE NOTE THAT MOST SCHOOL COMMUNICATION AND
CORRESPONDENCE IS VIA E-MAIL .

REGISTRATION / REFUND POLICY:

Unless special prior arrangement has been made with the school, a student's enrollment period, for the purposes of determining fees and/or possible refund, is considered to be from the first class a student attends until the end of the class year; unless the school receives written notification of withdrawal by letter or e-mail. In the case of withdrawal notification, the last class date will be either the last class attended by the student or the date the school received the withdrawal notification, whichever comes later.

Class Enrollment Information:

PROGRAMME / COURSE NAME _____

Course Option: Full Year (36-wks) Winter (18-20 wks)

Day of Week: _____ Time: _____

Starting Date: _____

PAYMENT OPTION:

- Every 4 wks Per term (10% discount)
Monthly payments *2 payments (Sept & Feb)*
(Sept, Oct, Nov, etc)
- Full Year (15% discount) Winter Term (10% discount)
1 payment (by Sept 2010) *1 payment (by Feb 2011)*

INITIAL REGISTRATION FEE PAYMENT

\$ _____ + 13% HST \$ _____
(From Fee Schedule)

DISCOUNT NOTES (Note: Not all discounts are cumulative) :

- 10% Discount Fee applies if 18-weeks (one term) paid in full in advance
- 15% Discount Fee applies if 36-weeks (Full Year) paid in full in advance
- 10% Discount for second or more class or family member
- 5% Discount applies if attended Act One 2010 March Break or Summer Camp
- 5% Discount applies if new and referred to school by existing student
- 5% Discount applies if attended one or more classes in 2009-10

- For office use only -

Total Payment Due: \$ _____

How did you find out about the school?

- Returning Student Attended Summer Camp
- Internet / Web Site City of Pickering/Ajax Rec Ad
- Friend / Existing Student Other advertisement

Other (please specify) _____

Student Release Form (Please complete one for each student for each course registered)

I agree that, having taken such precautions as in your discretion are deemed advisable, the School and school staff will not be held responsible for any sickness or accident to the student, no matter how caused. If for any other reason the student requires medical attention, I agree to be responsible for any expense incurred. I covenant and agree to indemnify Act One School of Drama, its employees, staff, officers and owners and save them harmless from and with respect to all suits, actions and claims by reason of any activity carried out by the student, whether on or off the School's property. I, the undersigned, have read and fully understand and support this Student's Release Form.

Signature of Student (over age 18)
or Signature of Parent/Guardian _____

Date: _____

Printed Name of Signature _____