



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

2009-10 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/CELL PHONE #: _____

E-MAIL ADDRESS: _____

HEALTH CARD #: _____

In case of emergency, please contact:

NAME: _____

RELATIONSHIP TO STUDENT: _____

HOME/CELL PHONE #: _____

WORK PHONE #: _____

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

Class Enrollment Information:

PROGRAMME / COURSE NAME _____

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

Day of Week: Mon. Tues. Wed. Thurs. Sat. Sun.

(Please Circle)

Starting Date: _____ Time: _____

PAYMENT OPTION:

Every 4 wks Per term (10% discount)
9 payments 2 payments (Sept & Feb)
(Sept, Oct, Nov, etc)

Full Year (15% discount) Winter Option (10% discount)
1 payment (by Sept 2009) 1 payment (by Feb 2009)

INITIAL REGISTRATION FEE PAYMENT

\$ _____ + 5% GST \$ _____
(From Fee Schedule)

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

- 10% Discount Fee applies if 18-weeks paid in full in advance
- 15% Discount Fee applies if 36-weeks paid in full in advance
- 10% Discount for second or more class or family member
- 5% Discount applies if attended Act One 2009 Summer Camp
- 5% Discount applies if new and referred to school by existing student
- 5% Discount applies if attended one or more classes in 2008-09

- For office use only -

Total Payment Due: \$ _____

How did you find out about the school?

- | | |
|--|--|
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> Attended Summer Camp |
| <input type="checkbox"/> Internet / Web Site | <input type="checkbox"/> City of Pickering/Ajax Rec Ad |
| <input type="checkbox"/> Friend / Existing Student | <input type="checkbox"/> 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 _____