



THE SHAKESPEARE SCHOOL 2018

PA Days

September 28, November 2 & December 7, 2018
(for students in Grades 1 to 6)

REGISTRATION FORM

September 28 (gr. 1-3)

November 2 (gr. 1-3)

December 7 (gr. 1-3)

September 28 (gr. 4-6)

November 2 (gr. 4-6)

December 7 (gr. 4-6)

STUDENT INFORMATION

Name _____

Gender _____

Address _____
Street City Province Postal Code

Tel: _____ E-mail: _____

Parent/Guardian's e-mail (if different from student's): _____

Current grade level: _____ Age: _____

School that you currently attend: _____

Please list any allergies we should be aware of:

Is there anything else that you feel we should know about this student – medical or non-medical?
(eg. exceptionalities, special needs, learning disabilities, etc.). If so, please explain.

PARENT/GUARDIAN CONTACT INFORMATION:

Name of Parent or Guardian: _____

Emergency Tel: _____

Name of Person picking up student (if other than parent or guardian): _____

Phone number of person picking up student: _____

Emergency Contact if Parent or Guardian is unavailable:

Name: _____ Tel: _____

Name of Student's Family Physician: _____ Tel: _____

TERMS OF APPLICATION AND ENROLLMENT

WE, THE UNDERSIGNED, do hereby make application for the undersigned applicant to attend *The Shakespeare School* in Stratford, Ontario during the appropriate session dates. We, the undersigned, do therefore jointly and severally agree as follows:

1. That we will obey and comply with any and all rules and regulations regarding *The Shakespeare School*.
2. That we understand that *The Shakespeare School* reserves the right to accept or reject applicants, or to withdraw services from students at its sole discretion for reasons which, in the opinion of *The Shakespeare School*, are in the best interests and welfare of the school and its students.
3. That once the student is on site, refunds will not be made if a student chooses to leave early or is expelled for disciplinary reasons.
4. That we understand that participants in *The Shakespeare School* may be photographed or filmed while attending the program, and that *The Shakespeare School* reserves the right to use these photographs/videos for promotional purposes.
5. That we have read and understand this agreement.

Signature of applicant

Signatures of parents or guardians

PAYMENT OF REGISTRATION FEE

| | | | |
|---|---|--|---|
| <input type="checkbox"/> \$45 (single session) | <input type="checkbox"/> \$90 (two sessions) | <input type="checkbox"/> \$135 (three sessions) | |
| *CHEQUE ENCLOSED <input type="checkbox"/> | VISA <input type="checkbox"/> | MASTERCARD <input type="checkbox"/> | AMERICAN EXPRESS <input type="checkbox"/> |
| _____ CARDHOLDER'S NAME (PLEASE PRINT) | | _____ SIGNATURE | |
| _____ CARD NUMBER | | _____ EXPIRY DATE | |

*Cheques or money orders should be drawn in Canadian funds and made payable to: The Stratford Festival.