

Annex Children's Theatre in Education (Acte!) Registration Form

STUDENT'S NAME: _____

DESIRED CLASS(ES): _____

STUDENT'S AGE: _____

GUARDIAN(S): _____

ADDRESS: _____

EMAIL: _____

PHONE: (HOME) _____, (WORK) _____

CELL: _____

EMERGENCY CONTACT (S): _____

PHONE: _____

MEDICAL/OTHER IMPORTANT INFO: _____

HEALTH CARD #: _____

YOUR CHILD WILL ONLY BE RELEASED FROM ACTE TO THE FOLLOWING
GUARDIANS: _____

METHOD OF PAYMENT: CASH CHEQUE

*A \$50.00 non-refundable deposit is due upon registration. The remainder of the fee is due before or on the first day of classes.

Our mailing address is:

ACTE - Annex Children's Theatre in Education /494 Palmerston Blvd./ Toronto,
Ontario/ M6G 2P3