Theatre Street

Music & Performing Arts Studio

Triple Threat Program!

SING ~ DANCE ~ ACT!

Tel: 905 | 648 | 3505

Website: www.theatrestreet.ca Email: info@theatrestreet.ca Mailing Address: 26 Enmore Ave

Ancaster, ON L9G 2H3

Registration For Our 2017-2018 Season Is Now Open!!

An exciting MUSICAL THEATRE PROGRAM that features all aspects of theatre arts for youth between the ages of 6 to 16.

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.

<u>Program Session</u>: Our program runs from September The final staged performance takes place at the

to April on Friday evenings from 4:30 - 8:00 pm. end of April. Class times go until 8:30 after January.

How to register

Fill out the registration form on the reverse & mail the form & cheque payable to 'Theatre Street'. Registration forms with payment may also be brought in directly to the studio. Additional registration forms are available at the studio or online.

We Are Located in ANCASTER! Inside St.Andrew's Presbyterian Church's Gymnasium. 31 Sulphur Springs Rd. Please note the Mailing Address is 26 Enmore Ave, Ancaster L9G 2H3



Inspire | Perform | Achieve Believe



Music & Performing Arts Studio | 26 Enmore Ave | Ancaster, Ontario | L9G 2H3

Name (Last, First)		Age		Gender	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		
Select Program:	Program Fees: \$650.00		Payn	nent Options:	3 rd child discount of \$50		
Junior Program:(6-10)	Payment options are not class options. Students join our program for the year.		Opt. 1: \$650.00 dated Sept 1st SS Opt. 2: \$425 dated Sept. 1st \$275 owing Jan 1st		Total Owing:\$		
Senior Program:(11-15)			rogram fees are non-refundable non-transferrable.				
Medical Information (health conce Children with special needs must p				, •	full permission to call an ambulance ent of illness/injury at my expense.		
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) Relationship		Relationship to Student		
I realize that there are risks involved in a my child/self at Theatre Street Music & or other reason why the above-named forever discharge Theatre Street Music participation in this program or in any fideemed detrimental to the facility, the without refund. By signing below, parents, guardians and expectations for behaviour for The	Performing Arts Studio brid I students should not part & Performing Arts Studio, acility or location that this e staff, other students or the and students agree to abid	ngs with it th icipate in th its instructor s program is he Performa de by all rule	ne assuring assuring assuring to the last of the last	mption of those risks. I am ram. I do hereby release, vagents from fault for injurie also agree that if my child be will be removed from the	aware of no physical waive and s due to exhibits behaviors ne program & Performance		
X			Date:				
How did you hear about us? Please con	mplete & be specific.						
I acknowledge and agree to that classes, video recording and or online link of the fir					rtising purposes with no compensation. A		
X Date: Parents: If you have any skills that you the willing to volunteer? Volunteers will be willing to volunteers.		ır Performano	ce such	as costuming, props, set bui	lding & design, etc would you		