



# Full Year Program (Fall/Winter/Spring) APPLICATION FORM 2018/2019

Class Selection: \_\_\_\_\_

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Family Doctor Name & Phone: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

I give my child permission to participate in all activities at CTP program.

**HST is NOT included in all prices.  
There is a 3.5 % Service Charge on all payments made by credit card.  
Credit Card payment may be done by phone or in person.**

Please include deposit or full payment by cheque payable to The Children's Theatre Project  
Applications can't be processed without the completed form accompanied by payment.

Mail to:  
The Children's Theatre Project,  
10165 Yonge St., Unit 7,  
Richmond Hill, ON L4C 1T5

Questions?  
Call: 905-883-5853  
Email: [contact@ChildrensTheatreProject.com](mailto:contact@ChildrensTheatreProject.com)  
Web: [www.ChildrensTheatreProject.com](http://www.ChildrensTheatreProject.com)