



2020/2021 SESSIONS APPLICATION FORM

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 of the 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.

E-transfers are to emailed to contact@childrenstheatreproject.com

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

Web: www.ChildrensTheatreProject.com