

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 EMAIL-MONEY-TRANSFER

Our mailing address is: ACTE - Annex Children's Theatre in Education /224B Barton Ave./ Toronto,
Ontario/ M6G 1R3