

DramaWay 2011/12 Registration Form

TO REGISTER: Please complete and mail registration form and cheque(s) to:
DramaWay, 11 Emmett Avenue, Toronto, ON M6M 2E3

All cheques are payable to DramaWay.

Please note that your space in the program will only be held once your full payment has been received.

PARTICIPANT NAME: _____

Email address: _____

Additional email address: _____

PLEASE MARK YOUR CHOICE OF PROGRAMS: all prices include hst

DramaWorks \$855 (or 3 payments of \$285)

_____ Downtown Group A - Tuesdays, 5:15-6:45 pm

_____ Downtown Group B - Tuesdays, 7:00-8:30 pm

_____ East - Wednesdays, 6:45-8:15 pm

_____ West - Thursdays, 5:00-6:30 pm

MovieWorks \$855 (or 3 payments of \$285)

_____ East End - Thursdays, 5:45 - 7:15 pm - \$855

_____ West End - Saturdays, 1:00-2:30 pm - \$855

SingingWorks \$837 (or 3 payments of \$279)

_____ West - Thursdays, 3:45-4:45 pm - \$837

_____ Central - Mondays, 5:30 - 6:30 pm - 837

_____ **VisualArtWorks East** - Wednesdays, 5:30-6:30 pm \$720 (or 3 payments of \$240)

RhythmWorks \$621 (or 3 payments of \$207)

_____ West - Saturdays, 2:45-3:45 pm - \$621

_____ East - Thursdays, 7:30-8:30 pm - \$621

LeadershipWorks \$765 (or 3 payments of \$255)

_____ Downtown - Thursdays, 6:45-8:15 pm

_____ West End- Thursdays, 6:30 - 8:00 pm

DISCOUNTS (check if applicable)

_____ **DramaWay Enthusiast:** Save \$25 per year when you register for more 2 programs!

_____ **DramaWay Devotee:** Save \$50 per year when you register for 3 programs or more!

_____ **Early Bird Discount:** Save \$10 on your final total when you register before August 19, 2011

Program 1 Cost: \$ _____

Program 2 Cost: \$ _____

Program 3 Cost: \$ _____

Optional Donation: \$ _____

Subtotal: \$ _____

Applicable Discount: \$ _____

TOTAL: \$ _____

Please note that we only issue receipts upon registration. Would you like to request a receipt?

_____ Yes

_____ No

For future reference, please direct all financial inquiries to dramawayfinancials@gmail.com.

Personal Information

Name: _____

(first and last name of parent or guardian if different from participant)

Participant Date of Birth: (YYYY-MM-DD): _____

Phone Number: _____

Address: _____

City: _____

Postal Code: _____

Health Card Number: _____

What hobbies does the participant have? What are their favorite musical styles? Do they have a favorite movie or TV show? Please tell us what you're passionate about when it comes to arts and entertainment!

Emergency Contact Information

(if same as above, please list secondary person)

Emergency Contact: _____

Relationship: _____

Phone: _____

Secondary Phone: _____

Additional Emergency Contact Name: _____

Relationship: _____

Phone: _____

Secondary Phone: _____

Are there any special medical concerns, conditions or food allergies? (i.e. seizures, medications, other?) If so, please list preferred protocol.

Additional Contact numbers such as cell phones and such can be listed below if need be:

Behavior Management

To better understand the specific needs of our clients we kindly ask that you fill in this section to the best of your knowledge. This will help us to modify our approach and programming for each participant, to ensure they achieve the full benefits of DramaWay's programming. Your time and care in the completion of this section is greatly appreciated.

Diagnosis/Special need: _____

Does the Participant need assistance with toileting or one-on-one support?

_____ Yes _____ No

If yes, please ensure to arrange that s/he attends our program with a Support Worker. DramaWay is unable to provide one on one support.

Behavioral tendencies - anxiety, stress, acting out, etc.

If the participant experiences anxiety, high levels of stress, acts out, or has any other behaviors that you feel we should be aware of, please describe a typical scenario which may act as a trigger, and list any recommended assistance that our staff/volunteers could provide.

Sensitivities and challenging situations

Please let us know of any situations that can be challenging for this participant to experience, ex "loud music and crowds are disruptive to this participant".

Please describe any additional special assistance you/your child may need, or any other information you feel might assist our staff.

Consent Form and Program Information

I am aware and give consent for DramaWay to take photographs and videotape sessions if applicable during the designated time of the program.

_____ Yes _____ No

Will the participant be traveling to and from DramaWay alone?

_____ Yes _____ No

If the participant will be travelling to and from DramaWay with assistance, please list the names of those individuals who will be assisting/accompanying him/her with transit for security purposes. (please list full names, separated by commas.)

What will the arrangements be for pick up and drop off?

Participant release form

I accept responsibility for my child's own medical coverage. I hereby give permission for staff/volunteers of DramaWay, to arrange for any emergency medical care including hospitalization and transportation if necessary, and agree to pay for all expenses and cost incurred thereby. If emergency medical care is required, attempts will be made to contact emergency contact person(s) shown above. I agree to release and Indemnify and save harmless DramaWay, c.o.b. Danielle T. Strnad and their staff from all claims arising from whatever participation in any program organized by the staff or volunteers of DramaWay by any cause whatsoever. Please note that this form with its legal consents and liabilities remains in effect from the date it is signed and will apply to any future DramaWay programs that the above named participant is registered in unless advised otherwise in writing. I, the undersigned, have read and fully understand the "Participant's Release Form".

Signature_____Date:_____

Refund/Cancellation Policy

If a course is cancelled due to low enrollment, registrants will be given one week notice and refunds will be issued subsequently. No refund will be given after the first class. A full commitment to attendance and participation is encouraged. We regret that reimbursement for missed classes cannot be offered. Please note that DramaWay reserves the right to remove a participant from the program if we deem appropriate. However, every measure will be taken to work with the participant and his/her family before this severe action is taken.

**Thank you for participating in a DramaWay program!
We look forward to a great year!**