

2024-25 STUDENT INFORMATION FORM

*Please **CIRCLE** the program(s) you are registering for.

Playtime (6-7) / Discovery Drama (8-10) / Musical Theatre Discovery (8-10) Development Drama (11+) / Musical Theatre Development (11+)

NAME OF STUDENT:		
	School:	GRADE as of Sept. 2024:
Emergency Contact:		Relationship to Student:
*a 3rd person we can cal	l if we cannot reach the 1st or 2nd Parent/G	Guardian listed on the Registration Form
Home Phone:	Mobile:	Business:
Does your child have any a	llergies, medical conditions or special need	ds? YES NO
If yes, please provide furthe	er details in the space below. You may also	contact our instructors directly at:
Ms. Sophia Papineau	Ms. Chelsea Papineau	Ms. Holli Ward
Playtime Theatre	Discovery/Development Drama	Musical Theatre Discovery/Development
playtime@sudburytheatre.com	m drama@sudburytheatre.com	vocals@sudburytheatre.com
Does the student have any previous drama or singing experience? Do they play a musical instrument? If yes, please elaborate.		
Has the student participated in anything involving dance or movement? If yes, please elaborate.		
Does the student have any other specials talents or skills you would like us to know about?		
MEDICAL INFORMATION	*This information will be kept strictly o	confidential - for instructor use only.
Family Physician:		Doctor's Office Phone #

Please return this Information form, along with the Student Registration Form and Release form, to r.mcintosh@yestheatre.com Please contact Education Director Ralph McIntosh at 705 674 8381 ext 6 regarding any questions you may have about our programs.

Child's Health Card #: