



2025-26 ACADEMY - REGISTRATION FORM

For students who are under the age of 18 *PLEASE PRINT

Please check one:

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New student

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Returning student

NAME OF STUDENT:

Date of Birth:

AGE (Sept. 2025):

GRADE:

Pronouns:

Parent(s) / Guardian(s):

Mailing Address:

(primary address if more than one)

City:

Province:

Postal Code:

First Parent's email:

Home Phone:

Mobile:

Business:

Second Parent's email:

Home Phone:

Mobile:

Business:

SATURDAY DRAMA/MUSICAL THEATRE CLASSES (for elementary and secondary students)

Please select your class(es) below, along with the session(s) of your choice where applicable - Fall, Winter, Spring

Payment for the first class/course in a given school year is at full price. (The school year runs September 1 to August 31.)

*DISCOUNTS: Book more than one class or more than one child, and save \$15 on each additional class, term, or student booked!

Three 9-week terms to choose from:

Fall: Sep 6/25 to Nov 1/25

Winter: Jan 10/26 to Mar 7/26

Spring: Mar 21/26 to May 30/26

COURSE OPTIONS

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Playtime Theatre (ages 6 to 7)

TIME

9 to 10 am

TERM (circle)

Fall Wint Spr

FEE (per term)

First course: \$160 (tax incl.)

Renewal: \$145 (tax incl.)

SUB-TOTAL

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Discovery Drama (ages 8 to 10)

10:15 - 11:30 am

Fall Wint Spr

First course: \$195 (tax incl.)

Renewal: \$180 (tax incl.)

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Development Drama (age 11+)

11:45 am - 1:00 pm

Fall Wint Spr

First course: \$195 (tax incl.)

Renewal: \$180 (tax incl.)

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Musical Theatre Development (age 11+)

10:15 - 11:30 am

Fall Wint Spr

First course: \$195 (tax incl.)

Renewal: \$180 (tax incl.)

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Musical Theatre Discovery (ages 8 to 10)

11:45 am - 1:00 pm

Fall Wint Spr

First course: \$195 (tax incl.)

Renewal: \$180 (tax incl.)

PAYMENT: An online payment link will be emailed to you once this form is received.

TOTAL FEES

Please return this Registration form, along with the Student Information Form and Release form, to r.mcintosh@yestheatre.com

If you are a NEW student who was referred to us by another student or parent, please provide the name of the person who provided this referral.

Would you like to receive e-mail information about other YES Academy programs?

YES ___ NO ___

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____