

TROUPE IMAGINARIUM

CREATIVE ARTS

REGISTRATION FORM

NAME: _____ AGE: _____ GRADE: _____ Boy: ___ Girl: ___

ADDRESS: _____

MOM: _____ CELL: _____

HOME PHONE: _____ E-MAIL: _____

DAD: : _____ CELL: _____

HOME PHONE: _____ E-MAIL: _____

OTHER CONTACT: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELL PHONE _____

_____ Do Use Child's Photo for TI Publicity OR _____ DO NOT Child's Photo for TI Publicity

_____ A Refund, less 15%, for class withdrawal is provided only if e-mail/written notice is sent within 24 hours of first class. Prorated Credit for a future class is offered in case of unavoidable withdrawal after first class begins.

_____ I understand there is some inherent risk in any activity that uses movement and will not hold Chesapeake Academy, Troupe Imaginarium, or their staff liable for any accidental injury.

_____ My child is enrolled at Chesapeake Academy.

_____ My child is not enrolled in a Maryland school. I have attached a copy of my child's immunization record.

_____ My child is enrolled in a Maryland school, and has received all required immunizations. Immunization record attached.

_____ My child is exempt from immunization on medical or religious grounds, and a copy of the immunization waiver is attached.

_____ A Health History is attached or _____ we will bring a Health History on the first day of class or _____ one is on file.

_____ My child has no known medical conditions which need special attention.

_____ My child has the following medical condition which requires the following actions or precautions: _____

_____ **A 10% Sibling or _____ 10% Military discount applies. Duty Station:** _____

_____ Class size is limited to ensure a creative atmosphere. Children must be potty trained. Placement on roster is not guaranteed until full payment, or deposit when applicable, is received. Student agrees to be focused and respectful to cast, crew, & the facility at all times. Continued disrespect will result in non-refundable dismissal from program. Students 12 and under must be signed in/out of class by a parent or authorized agent. Holiday & emergency closures follow Chesapeake Academy schedule: www.chesapeakeacademy.com

Please complete BOTH SIDES of this form

*Troupe Imaginarium offers volunteer opportunities and stipend positions.
Resumes or letters of interest accepted all year.*

www.tidrama.com

TROUPE IMAGINARIUM

CLASS REGISTRATION - FALL 2011

Check each class session desired. Children must be potty trained. Please complete one form per child.

*(*There will no classes November 21 - 25, 2011)*

NAME: _____

CLASS #

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#1 NURSERY RHYMES & SONG

a. _____	Tuesday, October 4 - 25	9:00 - 9:45	\$55
b. _____	Tuesday, November 1 - 29*	9:00 - 9:45	\$55

#2 ART & NURSERY RHYMES

a. _____	Thursday, October 6 - 27	9:00 - 9:45	\$55
b. _____	Thursday, November 3 - Dec. 1*	9:00 - 9:45	\$55

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#3 ART & The FAIRYTALES & FABLE

a. _____	Tuesday, October 4 - 25	10:15 - 11:15	\$60
b. _____	Tuesday, Nov, 1 - 29*	10:15 - 11:15	\$60

#4 MUSIC & DANCE AROUND THE WORLD

a. _____	Wednesday, October 5 - 26	9:30 - 10:30	\$60
b. _____	Wednesday, November 2 - 30*	9:30 - 10:30	\$60

#5 FAIRYTALES, FABLES, & SONGS

a. _____	Thursday, October 6 - 27	10:15 - 11:15	\$60
b. _____	Thursday, November 3 - December 1*	10:15 - 11:15	\$60

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#6 CHARACTERS - GOOD & BAD

a. _____	Wednesday, October 5 - 26	4:00 - 5:00	\$60
b. _____	Wednesday, November 2 - 30*	4:00 - 5:00	\$60

#7 MASKS & STORY TELLING

a. _____	Thursday, October 6 - 27	12:30 - 2:00	\$80
b. _____	Thursday, November 3 - December 1*	12:30 - 2:00	\$80

Please return completed form with check payable to:

CHESAPEAKE ACADEMY

c/o Troupe Imaginarium
1185 Baltimore Annapolis Boulevard
Arnold, MD 21012

Class # _____ Session A or B @ \$ _____ Class # _____ Session A or B @ \$ _____
 Class # _____ Session A or B @ \$ _____ Class # _____ Session A or B @ \$ _____

Sub-total: _____

Minus 10% discount if applicable: _____

TOTAL: \$ _____

For TI use only:

TOTAL PAID: \$ _____ by CHECK # _____ or CASH _____ DATE FORM RECEIVED: _____
 DATE E-MAIL CONFIRMATION: _____

CLASS FULL: CHECK RETURNED ON _____ or APPLY TO SPRING SESSION ; CLASS \$: _____