

Please note that space is limited. Registrations will be accepted on a first come, first serve basis.

To be accepted, each application must be filled out, signed and dated by the child's parent or legal guardian. Only completed forms will be processed. Additional forms are available on the website.

Ways to Register

1. **FAX** 604-922-3328
2. **MAIL** 2330 Cypress Lane, West Van, BC V7S 3H9
3. **DROP-OFF** 2330 Cypress Lane, West Van, BC

*Please note that we are unable to accept registrations over the phone.

POSSIBLE CHANGES AND CANCELLATIONS

Mulgrave School reserves the right to limit the number of students and change instructors where necessary. In the (unlikely) event of insufficient enrolment, Mulgrave reserves the right to cancel programs; participants will be notified by June 18, 2010. In such cases, all fees for a cancelled program will be refunded. Mulgrave also reserves the right to adjust program content if deemed necessary.

RULES AND POLICIES

All participants enrolled in Mulgrave summer programs agree to abide by all rules, regulations and standards of conduct required by the Staff of the programs, for the enjoyment and benefit of ALL participants. Participants whose conduct is disruptive or otherwise unacceptable may be asked to leave. Mulgrave reserves the right to use photos taken during the program for future promotional material unless otherwise specified by the parent or guardian.

REFUND POLICY

Please request any refund in writing by June 30, 2010. There will be a \$35 administration charge per refund application.

RECEIPTS

Receipts will be issued upon request.

Musical Theatre at Mulgrave

Last Name _____ First Name _____ M F

Birthdate (month/day/year) _____ Age _____ Grade in Sept 2010 _____

Home Address _____ Phone _____

Participant's E-Mail _____ Cell _____

Mother's Name _____ E-mail _____ Cell / Work _____
(circle one)

Father's Name _____ E-mail _____ Cell / Work _____
(circle one)

How did you first hear about our summer Musical Theatre program? _____

Emergency Contact Info (other than parents)

Please provide information regarding allergies, current medications, or any other disabilities, conditions or concerns regarding your child:

Name _____

Phone _____

Participant's Care Card # _____

Payment Information

Cash Cheque VISA MasterCard

Cardholder's Name _____ Program # _____ \$685.00 \$ _____

Card # _____ Additional Child Care \$50.00 (Week 1) \$ _____

Expiry _____ Additional Child Care \$50.00 (Week 2) \$ _____

Signature _____ Date _____ **TOTAL \$** _____