



2022-23 PA DAY CAMPS REGISTRATION FORM

For students 8 to 12 years of age *PLEASE PRINT

Please check one: New STC student Current STC student

NAME OF STUDENT: _____

Date of Birth: _____ AGE (Sept/22): _____ GRADE (Sept/22): _____ M/F: _____

Parent/Guardian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's email: _____

Home Phone: _____ Mobile: _____ Business: _____

Please select from the PA DAY(s) listed below - check as many dates as you wish.

*Fees listed beside each date indicate the cost for that date only. Fees will be collected ONE CAMP AT A TIME.

2022-23 PA DAY CAMPS	DATES	TIME	AGES	FEE (per term)	TOTAL FEES
<input type="checkbox"/>	Friday, September 23, 2022	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____
<input type="checkbox"/>	Monday, October 24, 2022	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____
<input type="checkbox"/>	Friday, February 3, 2023	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____
<input type="checkbox"/>	Friday, March 10, 2023	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____
<input type="checkbox"/>	Friday, April 28, 2023	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____
<input type="checkbox"/>	Friday, June 9, 2023	9 am - 4 pm	8 to 12	New student: \$65 (\$57.52 + HST) Academy student: \$60 (\$53.10 + HST)	_____

AFTER-CARE Our full-day camps end at 4 pm each day. Arrangements can be made for late afternoon pick-up, for an additional \$10 per camp. Please circle the dates below that your child will require late pick-up.

*My child will require late pick-up on these dates (circle) **Oct Nov Feb Mar Apr Jun** \$10 per day

*If you're not sure, you may arrange this closer to the date of the camp.

TOTAL _____

PLEASE NOTE: If you are a NEW student who was referred to STC 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 Sudbury Theatre Centre programs? **YES NO**

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER _____

Name on Cheque: _____

Credit Card No.: _____ 3-digit Card ID: _____ Expiry: _____ / _____