



# 2022-23 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:** \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AGE as of Sept. 1, 2022: \_\_\_\_\_

School: \_\_\_\_\_ GRADE as of Sept. 1, 2022: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

**1st Parent/Guardian:** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

**2nd Parent/Guardian:** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

(if different from 1st Parent)

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\*a 3rd person we can call if we cannot reach the 1st or 2nd Parent/Guardian listed above

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

**Does your child have any allergies, medical conditions or special needs? YES NO**

If yes, please provide further details in the space below. You may also contact our instructors directly at:

Ms. Sophia Papineau

Ms. Chelsea Papineau

Ms. April Perrin

Instructor, Playtime Theatre

Instructor, Discovery/Development Drama

Instructor, Vocal Discovery/Development

[playtime@sudburytheatre.com](mailto:playtime@sudburytheatre.com)

[drama@sudburytheatre.com](mailto:drama@sudburytheatre.com)

[vocals@sudburytheatre.com](mailto:vocals@sudburytheatre.com)

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Does the student have any previous drama or vocal experience? If yes, please elaborate.

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Does the student play a musical instrument? If yes: What instrument(s)? Have they taken private lessons? For how long?

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Has the student done anything involving dance or movement? If yes, please elaborate.

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Does the student have any other special talents or skills you would like us to know about?

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### MEDICAL INFORMATION

\*This information will be kept strictly confidential - for instructor use only.

Family Physician: \_\_\_\_\_

Doctor's Office Phone # \_\_\_\_\_

Child's Health Card #: \_\_\_\_\_

**Please return this Information form, along with the Student's Registration Form and Release form, to the Sudbury Theatre Centre.**

Please scan all three forms to BOTH:

- a) the DiBrina Box Office at STC at [boxoffice@sudburytheatre.com](mailto:boxoffice@sudburytheatre.com) AND
- b) Ralph McIntosh, Education Director, at [education@sudburytheatre.com](mailto:education@sudburytheatre.com)

You may also contact Education Director Ralph McIntosh at 705 674 8381 ext 6 regarding any questions you may have about our Educational programming.