

# 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](http://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](http://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 #**

**AGES 3 - 5**

**#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

**AGES 6 - 8**

**#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

**AGES 9 - 12**

**#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: \$ \_\_\_\_\_

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*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 \$: \_\_\_\_\_