

CHESTER PLAYHOUSE

After School Program – Spring 2018 Terms & Conditions

On behalf of my child, I accept responsibility for the terms and conditions below:

- 1. Location.** The After School Program is held at the Chester District Elementary School (Tuesday and Thursday programs) or the Chester Area Middle School (Wednesday program). Performances are at the Chester Playhouse Theatre.
- 2. Fees.** The fee for the regular program is **\$135 per student** payable at registration. **A completed form and payment will need to be received before your child is able to participate.** Some funding and bursaries are also available, please contact if you have any concerns or questions. Lisa Gleave, General Manager-lisa@chesterplayhouse.ca.
- 3. Program Registration.** Registration date is Monday, February 26 from 4-7pm at the Playhouse. Or by appointment by calling 902 274 3933, or emailing info@chesterplayhouse.ca Cash, cheque, credit card or debit for payment please.
- 4. Meals, transportation and lodging** are the responsibility of the participants.
- 5. Care & Behaviour.** Although we will exercise care in looking after your child, the Chester Theatre Council and/or its employees cannot be held liable for any injuries or loss involving your child. Discipline shall be encouraged through positive reinforcement, clear direction and articulated choices. Should misbehavior continue after appropriate warnings, a child may be suspended from the program for a specific period of time or for the duration of the program. Harmful or extreme behavior may result in immediate expulsion. **Note that any disrespect shown or bullying of any sort, will not be tolerated.**
- 6. Attendance.** Participants are expected to attend all rehearsals and performances. If an illness or an emergency were to occur, we must be informed of the absence of your child. Please call **Director, Cynthia Myers, at 902.219.2139.**
- 7. Images & Video.** Some images or video of performances including your child may be used for promotion online.

Please read this over carefully with your child and sign below.

Signature of Parent/Guardian
Signature of Student

Date
Date

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Registration Form After School Program - Fall 2017

Please select the applicable program:		
<input type="checkbox"/> Tuesday @ CDES Grades Primary - 2 Class Start: March 6	<input type="checkbox"/> Wednesday @ CAMS Grades 6 - 8 Class Start: March 7	<input type="checkbox"/> Thursday @ CDES Grades 3 - 5 Class Start: March 8
Student & Parent Information		
Student Name	Age	Tshirt Child: S M L XL Adult: S M L XL
Parent Name(s)		
Home	Work	Cell
Parent Email(s)		
Medical & Emergency Information		
Health Card Number		
Emergency Contact Name		
Phone	Relationship	
Family Doctor	Phone	
Allergies, Medical Conditions or Dietary Restrictions?		
<p>Would you like to volunteer to provide the snack for the group for one of the sessions?</p>		
<p><i>Note the Chester Playhouse will not administer any medication unless agreed in writing, including signatures of a parent and a doctor.</i></p>		
OFFICE USE ONLY		
Date Received	Registration Paid (\$135)	
Cash Amount	Cheque Amount	VISA/MC Amount