



**To REGISTER as a NEW Participant for the 2015/16 year:**

**1) Fill in Participant's Basic and Emergency Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_; Primary Email: \_\_\_\_\_;

Emergency Contact Name: \_\_\_\_\_; Relationship to Participant: \_\_\_\_\_;

Contact's Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_; Contact's Email: \_\_\_\_\_;

Primary Address: \_\_\_\_\_; Does Participant Live Independently? Y/N

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

Health Card #: \_\_\_\_\_; Any Medical or Safety Considerations? \_\_\_\_\_

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Please keep us informed of any important medical or transitional changes through the year

**2) Review and Indicate Participant's Program Choices and Times:**

**DramaWorks** \$966 (or 3 postdated payments of \$322)

\_\_\_ Downtown Group A - Tuesdays, 5:00-6:30 pm

\_\_\_ Downtown Group B - Tuesdays, 6:45-8:15 pm

\_\_\_ East - Wednesdays, 6:45-8:15 pm

\*In preparation for showcase presentation scheduled offsite (June 11<sup>th</sup>, 2016)

\_\_\_ West - Thursdays, 5:00-6:30 pm (In preparation for Showcase onsite May 26<sup>th</sup>, 2016)

\* Note: Showcase tickets not included in this fee

**SingingWorks** \$918 (or 3 postdated payments of \$306)

\_\_\_ West - Thursdays, 3:45-4:45 pm [In preparation for Showcase onsite May 12<sup>th</sup>, 2016]

\* Note: Showcase tickets not included in this fee

**RhythmWorks** \$813 (or 3 postdated payments of \$271)

\_\_\_ West - Saturdays, 2:45-3:45 pm

\_\_\_ Downtown - Wednesdays, 5:00-6:00 pm

\*In preparation for showcase presentation scheduled offsite [June 11<sup>th</sup>, 2016]

\* Note: Showcase tickets not included in this fee

**SocialWorks** \$1,077 (or 3 postdated payments of \$359)

\_\_\_ West - Mississauga – Wednesday Evenings (Time TBA) [\*Open Class Showcase onsite on final date]

**ExpressionWorks** \$1,155 (or 3 postdated payments of \$385)

\_\_\_ Downtown - Thursdays Leadership 6:30-7:30 pm [\*Open Class Showcase onsite on final date]

\*Program blends leadership and independent living training with expressive multi-arts workshops, including: 1: Comedy Theatre; 2: Crafty Arts & Puppetry; 3: Culinary Arts; 4:



Everyone Can Dance & Stillness; 5: Musical Theatre; 6: Storytelling 7: Independent Living Skill Development; 8: Photography & Visual Art

**3) Save and Take Advantage of our Discounts:** (Check all applicable below)

\_\_\_ Early Bird Special: Save \$50 when you register before Friday, June 26, 2016

\_\_\_ DramaWay Enthusiast: Save \$50 when you register for 2 programs!

\_\_\_ DramaWay Devotee: Save \$125 when you register for 3 programs or more!

Program 1 Cost: \$ \_\_\_\_\_ ;

Program 2 Cost: \$ \_\_\_\_\_ ;

Program 3 Cost: \$ \_\_\_\_\_ ;

Optional Donation: \$ \_\_\_\_\_ ;

Subtotal: \$ \_\_\_\_\_ ;

Applicable Discount(s): \$ \_\_\_\_\_ ;

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

**4) Indicate if you Require a Receipt? Yes / No**

\*Receipts will be emailed after Nov. 16th to email address indicted above.

**5) Indicate your Method of Payment** (in appropriate space below):

Full fee by cash \_\_\_; Full fee by e-transfer \_\_\_; full cheque \_\_\_; 3 postdated cheques \_\_\_

• Please note that full payment is accepted in cash or e-transfer; Installments can only be paid in advance with three postdated cheques

• **All installment cheques must be received before September 21<sup>st</sup> and postdated as follows: Instalment 1: September 21<sup>st</sup>; 2: January 1<sup>st</sup>; 3: April 1<sup>st</sup> \* A participant's spot can only be confirmed once full payment or postdated cheques are received!**

**6) Complete the following 'Questions of Interests', so we know more of how to best cater to the participant involved. Thank you!**

Questions of Interest: Please specify which are of interest to the participant:

\_\_\_ Film Acting; \_\_\_ Stage Acting; \_\_\_ Comedy; \_\_\_ Singing; \_\_\_ Dancing; \_\_\_ Visual Arts;

\_\_\_ Leadership; \_\_\_ TTC Travel; \_\_\_ Summer Camp; \_\_\_ March Break Camp; \_\_\_ Cooking.

We kindly ask that you complete the rest of this document to the best of your knowledge. Your time and care in the completion is greatly appreciated!

**A) Involvement in The Arts:**

Please provide a brief description of what draws the participant to the field of **arts and entertainment**. Name favourite music or dance styles, TV shows or movie genres. Describe any recent live theatre experiences?

Music Favourites: \_\_\_\_\_

TV Favourites: \_\_\_\_\_

Movie Favourites: \_\_\_\_\_

Other Favourites: \_\_\_\_\_



**B) Other Interests and Involvements:**

Please let us know about the participant's **community activities and hobbies**. We incorporate various personal interests into our programming themes and choices. It's important for DramaWay to understand how active the participant is in the community so to better balance with our programming. Are you/is this participant currently involved in a school or day program, or a volunteer/employment position? Where? Do you/s/he enjoy physical/sports activities? If so, which ones? Do you/s/he enjoy drawing, painting, or craft activities? How else does the participant do?

Hobby Favourites: \_\_\_\_\_

Involved in a day program or a volunteer/employment position?

Where? \_\_\_\_\_

Movie Favourites: \_\_\_\_\_

Other Favourites: \_\_\_\_\_

How busy are our participants throughout their weekly routine? Please fill an example of the participant's typical schedule (day program am, tutoring Thurs. eve, etc.)

SCHEDULE:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**C) Considerations for Adapting and Modifying DramaWay Programming:**

Please inform us about specific information related to language, learning, and communication; as well as information about the physical, developmental, or medical needs of the participant. This knowledge will help us to adapt our approach and programming for each member of our team to ensure that everyone experiences the full benefit of our specialized programming! Thank you for your attention to detail in advance.

**Language, Learning, and Communication Needs:**

Does this participant have a hearing impairment?

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Does participant have a speech difficulty or delay? If so, please describe:

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Has there been a formal identification of a learning or intellectual disability?  
If so, please describe:

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Does participant have a speech difficulty or delay? If so, please describe:

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Please describe any special education support services made available to this participant:

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Have these supports been helpful? Please explain:

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Please describe any behaviours which might be related to difficulties in communication, and identify any means for obtaining clarification - which might have been successful in the past (example: use of yes/no questions, extra time for processing, repetition, etc.).

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What kinds of strengths and needs might be relevant to this participant's learning process. Think about how it could affect the chosen DramaWay program, for example: memorization of lines and dance routines, focus for art creation, etc? Please explain what might have worked in the past: verbal coaching, hand over hand techniques, etc.

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D) Participant's Individualized Goals:

Please list any current goals that you and the participant are working on at home, in speech therapy, physical therapy, occupational therapy, or with other professionals. We will do our best to reinforce this learning within our programs (example: personal hygiene, successful transitions, physical stretching/movement, articulation of certain sounds or words, functional interaction or exchange, self-soothing, self-advocacy, etc.).

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Does this participant have any allergies? \_\_\_\_\_ Please identify:

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Does this participant carry an Epipen?

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Does this participant have asthma, or any other difficulties with breathing?

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Does this participant carry an inhaler? \_\_\_\_\_

Does this participant have a heart condition or blood disorder?

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Does this participant carry medication for this?

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Does this participant experience seizures? Yes/No

If so, describe and list preferred protocol:

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Does this participant require mobility support? If so, please describe:

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Does this participant use an assistive mobility device? If so, please describe:

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Does this participant have a medical condition which makes necessary an insulin pump, a feeding tube, a colostomy bag, or any other such appliances? Yes/ No (list in detail)

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Does this participant experience any challenges in relation to motor control?

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Are there any recommended strategies for supporting this? Please explain:

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Have there been any other medical or developmental diagnoses of which we should be aware? (Down Syndrome; Cerebral Palsy; Autism; Generalized Anxiety Disorder...)

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Does this participant experience sensory overload in certain circumstances? Yes/ No  
Please describe any situations which might trigger or be particularly challenging (loud music, crowds are disruptive, etc.) Any ways that help you relieve stress?

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Does this participant experience high levels of anxiety? Yes / No  
Please describe possible triggers for an increase in stress, as well as the presentation of any anxiety-based behavior (example: increased volume or speech, sudden interpersonal acting out, etc.)

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What methods or strategies for de-escalation have been helpful in the past?

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Does this participant need assistance with toileting/ personal hygiene or other one-to-one support?

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If yes, please ensure that they attend our program with a Support Worker. DramaWay is unable to provide constant one to one support.

List contact information of Support Worker: \_\_\_\_\_

Any other information that you feel may be pertinent to meeting this participants needs?

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E) Further Emergency Information:

Please describe any medical or safety issues which may be a particular concern for this participant (during the time that they are at DramaWay). Which, if any of the medical or behavioral issues listed above could lead to an emergency situation? Please list again any



heart conditions, tendencies to have seizures etc. Further, could this participant wander away from the supervised program area? Please indicate any preferred protocols; so that we may respond appropriately in the event of an emergency - i.e. of any kind.

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In the event of an emergency, we may need to provide a list of any or all medications taken to medical staff. Please provide us with any/all medications taken.

\*Please note that DramaWay does not administer medication without written consent!

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**Permission, Consent, and Release Form:**

**Media Consent Form and Program Information**

I am aware and give consent for DramaWay to take photographs and videotape sessions if applicable during the designated time of the program. I permit DramaWay to include photos of participant on DramaWay website, DramaWay Facebook & Twitter account. (No last names will be listed)

Yes

No

Will the participant be traveling to and from DramaWay alone?

Yes

No

If the participant will be traveling to and from DramaWay with assistance, please list the names of those individuals who may or will be assisting/accompanying him/her with transit (Please list full names, separated by commas.)

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Typical arrangements for pick up and drop off?

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**F) Participant Release Form**

I accept responsibility for my child's own medical coverage. I hereby give permission for staff/volunteers of DramaWay, to arrange for any emergency medical care including hospitalization and transportation if necessary, and agree to pay for all expenses and cost incurred thereby. If emergency medical care is required, attempts will be made to contact emergency contact person(s) shown above. I agree to release and Indemnify and save harmless DramaWay, c.o.b. Danielle T. Strnad and their staff from all claims arising from



whatever participation in any program organized by the staff or volunteers of DramaWay by any cause whatsoever. Please note that this form with its legal consents and liabilities remains in effect from the date it is signed and will apply to any future DramaWay programs that the above named participant is registered in unless advised otherwise in writing. I, the undersigned, have read and fully understand the "Participant's Release Form."

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

**Refund/Cancellation Policy**

If a course is cancelled due to low enrollment, registrants will be given one week notice and refunds will be issued subsequently. No refund will be given after the first class. A full commitment to attendance and participation is encouraged. We regret that reimbursement for missed classes cannot be offered. Please note that DramaWay reserves the right to remove a participant from the program if we deem their behaviour inappropriate. However, every measure will be taken to work with the participant and his/her family before this severe action is taken.

**Your time and care in the completion of this form is very much appreciated!  
And Welcome to the DramaWay Community!**

**~Enriching Lives Through Creativity~**

**Mailing Address:**

**11 Emmett Ave., Toronto,**

**Ontario M6M 2E3**

**416-614-1078**