



AFTER SCHOOL LEADERS

SPRING SESSION REGISTRATION FORM

Classes run from Friday, April 5 to Monday, June 10

Mondays & Fridays from 4:30-7:30pm

STUDENT INFORMATION

First Name Last Name

Address and Postal Code

City/Town Age

Phone Email

School Grade

Birthday Pronouns

Manitoba Health Number (9 digits)

OPTIONAL

Does the student identify with any of the following categories? Please check all that apply.

- First Nation, Métis, and/or Inuit
- Visible minority/Person of Colour
- Person with a disability

Please indicate any allergies, dietary restrictions, medical/accommodation needs.

FOR THE STUDENT TO FILL OUT

Have you ever participated in ASL before? If so, which program?

Why do you want to participate in this program?

Is there anything else you'd like us to know?

PARENT/GUARDIAN INFORMATION

First Name Last Name

Address and Postal Code

City/Town

Phone Email

PLEASE FILL OUT THIS FORM AND FORWARD TO:

MTYP's Theatre School
by email **info@mtyp.ca**
by phone **204.947.0394 x230**
by fax **204.943.4129**
in-person **2 Forks Market Road**