



CANADIAN
OPERA
COMPANY

CANADIAN OPERA COMPANY
Ticket Services
227 Front St. E., Toronto, ON M5A 1E8
Phone: 416-363-8231
Long Distance: 1-800-250-4653
Fax: 416-363-2895
coc.ca/Explore

Education Programs 2011/2012

Please print clearly and complete a separate form for each child.

PARTICIPANT INFO

First Name: _____ Last Name: _____

Birth Date (mm/dd/yy): ____ / ____ / ____ Gender: M F

Medical Information Please list any serious medical concerns, allergies or conditions that our staff should be aware of:

Does your child carry an epi-pen? Yes No Are they trained in its use? Yes No

Would you like a staff member to contact you prior to the program to discuss medical information? Yes No

Is your child authorized to leave the program on his/her own? Yes No

Please list all of the names of the individuals who have permission to pick-up your child. Photo ID is required at the time of pick-up: _____

List children that your child is attending the program with: _____

FAMILY INFO

Primary Guardian First Name: _____ Last Name: _____

Home Address: _____

City: _____ Postal Code: _____

Is this the child's primary address? Yes No Permission to pick up child: Yes No

Home Phone #: () _____ Business Phone #: () _____

Cell Phone #: () _____ Preferred Contact #: Home Business Cell

E-mail Address: _____

Secondary Guardian First Name: _____ Last Name: _____

Home Address: _____

City: _____ Postal Code: _____

Is this the child's primary address? Yes No Permission to pick up child: Yes No

Home Phone #: () _____ Business Phone #: () _____

Cell Phone #: () _____ Preferred Contact #: Home Business Cell

E-mail Address: _____



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If the emergency contact person is different from the Primary or Secondary Guardian, please call the Education Department at 416-306-2307.

PROGRAM SELECTION					
Selection	Period	Program Name	Age Group	Amount	Total*
<input type="checkbox"/>	Summer	Summer Opera Camp Four-day	<input type="checkbox"/> 5 - 6	\$ 160	\$ 180.80
<input type="checkbox"/>	Summer	Summer Opera Camp Full Day	<input type="checkbox"/> 7 - 9 <input type="checkbox"/> 9 - 12	\$ 200	\$ 226.00
<input type="checkbox"/>	Summer	Extended Care	<input type="checkbox"/> 5 - 6 <input type="checkbox"/> 7 - 9 <input type="checkbox"/> 9 - 12	\$ 40	\$ 45.20
<input type="checkbox"/>	Summer	Summer Youth Intensive Two Week Full Program	13 - 18	\$ 350	\$ 395.50
<input type="checkbox"/>	Summer	Summer Youth Intensive Skills and Techniques (July 2 - 6)	13 - 18	\$ 200	\$ 226.00
<input type="checkbox"/>	Summer	Summer Youth Intensive Devised Opera Project (July 9 - 13)	13 - 18	\$ 200	\$ 226.00
Total amount					

*Includes HST

PAYMENT

Method of Payment: Visa Mastercard Amex Cash Cheque

Credit Card #: _____ Expiration Date (mm/yy): _____

Cardholder Name: _____ Signature: _____

How did you heard about us? Returning participant From a friend Website House Program/*Prelude*

Whole Note Social Media (Facebook, Twitter) Flyer Radio Other (please specify): _____

I enroll my child in the program indicated above at the COC. I understand that my child's photograph may be taken during the program and that his/her photograph or likeness may be used in COC publications or print or video reports dealing with the COC, without remuneration to, or for the benefit of, my child or me. Written notice is needed by the day before the program if photos of your child are not permitted. By registering my child, I agree to the policies as outlined on the website at coc.ca/Explore.

Signature: _____ Date: _____