STUDENT INFORMATION

Student’s Name ____________________________________________

Age: ___________ Birthday: ___________ Grade (entering in fall): _____ Gender: ___Male ___Female

GUARDIAN/CONTACT INFORMATION

Parent/Guardian Name ________________________________ Relation to Student __________________________

Address __________________________________________________________

Primary Phone ____________________________ Alternate Phone ____________________________

Email __________________________________________________________

Please write email address clearly and legibly, as you will receive registration confirmation and class updates via email only. Check to make sure YAW emails don’t go to your junk mail folder.

Do we have permission to photograph your child in classes for our partner/promotional use? ___Yes ___No

In the unlikely event of an emergency, do we have your permission to authorize your child’s transport to the hospital? ___Yes. ___No

If no, what course of action would you like taken? ____________________________________________________________

Please list allergies or special conditions ____________________________________________________________

Emergency Contact Person (if parent above cannot be reached) ________________________________

Relationship to Student ____________________________ Phone: ____________________________

CLASS & PAYMENT INFORMATION*

(*IF FILLING PAYMENT SECTION OF BROCHURE REGISTRATION FORM, YOU CAN LEAVE THIS SECTION BLANK)

Title of Class ____________________________ Time ____________ Fee $__________

Title of Class ____________________________ Time ____________ Fee $__________

Subtotal $__________ Subtract discount if Applicable $__________

[If multiple siblings please staple forms together] Total $__________________

PAYMENT INFORMATION Select:_____Check _____Gift Certificate (attached) _____Credit Card

Name on Credit Card ____________________________

Credit Card Number ____________________________________________

Exp. Date ________ 3 Digit Security Code (back of card): __________ Billing Zip Only:_________________

If paying by check please make check payable to Ensemble Theatre