Student Last Name(s)_____ Breitling Youth Theater Family Enrollment Form

List ALL allergies: _____

We invite schools to come and see the performances! Please list your child's teacher's name. If in Middle or High School, list their English teacher's & Drama teacher's name.

1st Student's First Name	Last N	ame	Height
Girl's Dress Size	Boy's Pant's Size	DOB	Age
Grade Name of School	or Co-op	Teacher's Na	ame
1st Class Name	1st Day/Time Choice	2nd D	ay/Time Choice
2nd Class Name	1st Day/Time Choice	2nd Da	ay/Time Choice
3rd Class Name	1st Day/Time Choice	2nd D	ay/Time Choice
4th Class Name	1st Day/Time Choice	2nd D	ay/Time Choice
2nd Student's First Name	e Last	Name	Height
Girl's Dress Size	Boy's Pant's Size	DOB	Age
Grade Name of School	or Co-op	Teacher's Na	ame
1st Class Name			
2nd Class Name			
3rd Class Name	1st Day/Time Choice	2nd D	ay/Time Choice
4th Class Name			
1st Guardian's Name	Re	elation to child	
Cell #			
2nd Guardian's Name			
Cell #	Home #	Work #	
CAN WE TEXT YOU IN			
HOW DID YOU HEAR			
Is your child able to miss one da			that come to see the shows?
0.1	C'	7.	
Student Address	City	Zip	
Emergency Name/#/	D 4 E	Relation to S	Student
Student Email	Parent Em		V T9
HOW OFTEN DO YOU CH			
Add <u>ActingforChildren@hotm</u>		=	hake sure and receive our
emails. Even if you email us, o	our reply to you could still go	to junk or spam.	
race, color, national and ethnic origination students at the theater. It does r		rams, and activities ge, color, national and et	
I give my consent for			_ (student's names) photo to
appear on the <u>www.ActingForC</u>	hildren.org website and other	media forms to ad	
long as he/she is not identified b			1
Parent Signature	Date		

Date _____