CONCORD YOUTH THEATRE

PLEASE PRINT CLEARLY AND LEGIBLY

Name of Student: _____ Male / Female (circle one)

Grade _____ Date of Birth _____ Age: _____

Mailing Address_____

Town _____ Zip _____

Name of Parent (1): _____

Phone (h): _____ Phone (c): _____

Email: _____

Name of Parent (2): _____

Phone (h): _____ Phone (c): _____

Email: _____

Phone where parent can be reached during class time: _____

Is there any other information that we should know about your child? (please use the back of form, if necessary.)

_____

Please fill in class information from our website at www.concordyouththeatre.org.

Name of Class: _____

Day & Time of Class: _____

Date Beginning: _____ Amount of Tuition Enclosed: $_____

_____

From time to time, CYT would like to place photographs of our classes in session on our website, in promotional material (newspapers, etc.), and advertising brochures. Please sign below if you **DO NOT** agree to allow us to use your child's photograph for these purposes. _____

_____

Please mail completed form/s to:

CONCORD YOUTH THEATRE, P.O. BOX 652, CONCORD, MA 01742

Questions, please call (978) 371-1482.