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.