PLEASE PRINT CLEARLY AND LEGIBLY

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

Grade entering in September _______ 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.