Ensemble | Modern. American. Classics. + HYT

STUDENT INFORMATION

Student's Name _____

Age: _____ Birthdate: _____ 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 SecurityCode (back of card) :_____ Billing Zip Only:_____

If paying by check please make check payable to **Ensemble Theatre**