

CHILDREN'S THEATRE WORKSHOP

Student Information

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

(For class cancelations, rehearsal changes, etc.)

Circle One: Female Male School _____

Parent/Guardian Information

Mother/Guardian Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

Father/Guardian Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

YES! I'd like to volunteer at CTW. Name _____ Phone _____

Student Medical Information

Medical Information (Allergies and other important info) _____

In Case of Emergency, please contact:

Primary Contact _____ Relationship _____ Phone Number _____

Secondary Contact _____ Relationship _____ Phone Number _____

My child has permission to participate in Children's Theatre Workshop (CTW.) CTW has the right to use photos of my child to promote CTW. Photos will be from classrooms, rehearsals and performances. The use will include, but not be limited to, brochures, website and press releases. I understand that in the event of an emergency, every effort will be made to contact the people named above, but CTW reserves the right to exercise judgment in calling 911 in the case of an emergency.

Parent/Guardian Signature _____ Date _____

Class Information (For Office Use Only)

Time _____ Age Group _____ Room _____

**Registrations are not complete until payment plan form is submitted with down payment or paid in full.
Please return to Children's Theatre Workshop at 2417 Collingwood Blvd. Toledo, OH 43620.**