



Class/Camp Registration Form

PARENT INFORMATION

PARENT NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE (HOME)	(WORK) (CELL)
E-MAIL ADDRESS	
SECOND PARENT NAME	
PHONE (HOME)	(WORK) (CELL)
E-MAIL ADDRESS	
EMERGENCY CONTACT NAME & PHONE (outside of household)	

School of Theatre Training registration is available online only.
Visit www.ctcharlotte.org/yearlong.html to register and receive your audition and orientation time.

FIRST STUDENT INFORMATION

STUDENT'S NAME	
STUDENT'S PREFERRED NAME	
DATE OF BIRTH	GRADE GENDER

CLASS INFORMATION

CLASS TITLE	START DATE	DAY	TIME	LOCATION	FEE
1.					\$
2.					\$
3.					\$
4.					\$

MEDICAL INFORMATION

Please use the space below to list any medical conditions, prescriptions, allergies, or special needs.
Medical information provided will only be shared with Children's Theatre staff as necessary.

SECOND STUDENT INFORMATION

STUDENT'S NAME	
STUDENT'S PREFERRED NAME	
DATE OF BIRTH	GRADE GENDER

CLASS INFORMATION

CLASS TITLE	START DATE	DAY	TIME	LOCATION	FEE
1.					\$
2.					\$
3.					\$
4.					\$

MEDICAL INFORMATION

Please use the space below to list any medical conditions, prescriptions, allergies, or special needs.
Medical information provided will only be shared with Children's Theatre staff as necessary.

RELEASE FORM

A signature is required in order to process your registration
I agree to release and discharge Children's Theatre and its officers, directors, employees and agents of and from any claims, demands, or liability of damage arising from the participation of my student in any classes or programs sponsored by Children's Theatre of Charlotte. In addition, I understand pictures of classes may be taken and used for publicity or promotional purposes. I consent to any medical treatment necessary for my student in an emergency and acknowledge that any expenses incurred are my sole responsibility and will not be paid for by Children's Theatre of Charlotte. I am aware of the refund policy and acknowledge that all refunds must be submitted and confirmed before the provided refund deadlines.

Parent/Guardian Signature _____ Date _____

CLASS PAYMENT

TOTAL TUITION FEES \$
\$20 ANNUAL REGISTRATION FEE PER FAMILY PER SCHOOL YEAR \$ 20.00
SCHOLARSHIP DONATION (optional) \$
TOTAL PAYMENT ENCLOSED \$

Credit Card Name

Number

Expiration date

Security code