

After School Acting Program Registration Form

Please fill out completely and carefully.

Mail to: ASAP
Playhouse on the Square
66 South Cooper
Memphis, TN 38104

Or Fax to: (901) 728-5678

Fall Semester: GREEK

Classes Begin: Week of September 12, 2011
 Festival of Plays: December 10, 2011
 Show Seen: *Aesop's Fable-ous Chistmas Tree*

Spring Semester: SHAKESPEAREAN

Classes Begin: Week of February 13, 2012
 Festival of Plays: May 12, 2012
 Show Seen: *Shakespeare-ience*

First Site Choice: _____ (Call 901-728-5631 for a list of sites in your area)

Select Student's T-Shirt Size (Included in Tuition): Youth ___S___M___L Adult ___S___M___L___XL

Child Information:

 First Name Middle Name Last Name

_____/_____/_____
 Age DOB (MM/DD/YYYY) School Grade

Parent/Guardian Information:

 First Name Last Name Relationship to Child

 Street Address City State Zip

 Home Phone Work Phone Cell Phone (other)

 Parent's E-mail Address

Method of Payment:

Each semester is \$200. **Playhouse Subscribers receive \$20 off. Subscriber No.** _____

Please make checks payable to: Playhouse on the Square

Check Money Order Cash Credit Card

 Credit Card # Exp. Date Signature

Emergency Contact:

List contact numbers for use in case of emergency. List them in the order we should call them. Under the heading RELATIONSHIP, tell us how contact is related to the student, (for example; parent, grandparent, uncle or aunt, etc.) Under TYPE, please indicate whether the phone is used for home or business, or is a cell-phone or pager.

WHOSE PHONE	RELATIONSHIP	TYPE	A.C.	PHONE #	EXT
_____	_____	_____	(____)	_____	_____
_____	_____	_____	(____)	_____	_____
_____	_____	_____	(____)	_____	_____
_____	_____	_____	(____)	_____	_____

List any health, mental, or diagnosed condition of which the staff should be aware. This will be kept strictly confidential. This information should include any medications being taken, or any known allergies.

Give the name and phone number of your pediatrician or family doctor.

 (____) _____
 A.C. PHONE # CHART #

Playhouse on the Square and the Host Site will take every precaution to guarantee your child's safety during the After School Acting Program. Please let it be understood that neither Playhouse on the Square, nor the designated Host Site can be held responsible for any accidents resulting in injury due to negligence on the part of the student. We reserve the right to remove any child for unruly behavior, possession of tobacco, alcohol, drugs, or weapons. Any pictures or recordings made may be used in promoting the programs at Playhouse on the Square. I have read and understood the above statement.

Parent or Guardian Signature: _____ Date: _____