



# THEATRE CAMP TALLAHASSEE REGISTRATION FORM

(Please Print)

Today's date:			Students name:		
<b>STUDENT INFORMATION</b>					
Student last name:		First:	Middle:	Race:	Allergies:
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's Name:	Father's name:	Birth date: / /	Age:      Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone no.: (   )	
Apt #:		City:		State:	ZIP Code:
Parent's Occupation:		Parent's Employer:		Employer phone no.: (   )	
How did you hear about us:					

<b>CAMP SESSION</b>			
Elementary School: Yes I am Registering my student for this session. This fall my child will be in the _____ grade		Middle School Session: Yes I am registering my student for this session. This fall my child will be in the _____ grade	Please contact me I do not know which session to register my child for. (   ) _____
Payment:    Cash    Check # _____    Credit Card			
Office Only: Receipt # _____	Office Only: Amount Paid \$ _____	Card Number : _____ Expiration Date: _____ Security Code (3 digit number on back): _____	

<b>PICK UP</b>	
The following people have my permission to pick up my child:	
Name:	Number:
Name:	Number:
Name:	Number:

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: (   )	Work phone no.: (   )
The above information is true to the best of my knowledge. I authorize the registration and tuition amount to be paid directly to the Tallahassee Little Theatre. I understand that I am financially responsible for any balance not yet paid.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	