Date	Student La	st Name(s)	
Breitling	Youth Theater Far	mily Enro	llment Form
List ALL allergies: We invite schools to come If in Middle or High Schoo	e and see the performance I, list their English teache	es! Please lis er's & Drama t	it your child's teacher's name eacher's name.
1st Student's First Name	Last N	ame	Height
Girl's Dress Size	Boy's Pant's Size	DOB	Age
Grade Name of School	or Co-op_	Teacher's	Age Name
1st Class Name	1st Day/Time Choice	2nd	Day/Time Choice
			Day/Time Choice
			Day/Time Choice
			Day/Time Choice
2nd Student's First Nam	e Last 1	Name	Height
Girl's Dress Size	Boy's Pant's Size	DOB	Age
Grade Name of School	or Co-op	Teacher's	Name
1st Class Name	1st Day/Time Choice	2nd	Day/Time Choice
2nd Class Name	1st Day/Time Choice	2nd Day/Time Choice	
		2nd Day/Time Choice	
4th Class Name	1st Day/Time Choice	2nd	Day/Time Choice
1st Guardian's Name	Re	elation to chil	d
Cell #	Home #	Work #	!
2nd Guardian's Name			
Cell #	Home #	Work #	!
CAN WE TEXT YOU IN	MPORTANT INFORMA	ATION?	
HOW DID YOU HEAR.			
Is your child able to miss one da	ny of school to perform for pub	lic/private schoo	ols that come to see the shows?
Student Address	City	7:	in
Emergency Name/#/	City	Relation to	o Student
Student Fmail	Parent Em	KClation to ail	o student
HOW OFTEN DO YOU CH	ECK EMAIL?	DO YOU	o Student
Add ActingforChildren@hotm	ail.com to your safe list on e	mail so that you	make sure and receive our
emails. Even if you email us, o			
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race, color, national and ethnic ori students at the theater. It does n	gin to all the rights, privileges, prog	rams, and activities color, national and	ing Youth Theater admits students of any generally accorded or made available to dethnic origin in administration of its ns, and parts.
I give my consent for			(student's names) photo to
appear on the www.ActingForC	<b>Children.org</b> website and other	media forms to	(student's names) photo to advertise scenes from the play as
long as he/she is not identified b			1 0
Parent Signature			