



Enrollment Form

STUDENT INFORMATION

STUDENT NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER _____

EMAIL _____

GUARDIAN'S INFORMATION (IF UNDER 18)

NAME _____

PHONE NUMBER _____ RELATION _____

EMAIL _____

CATEGORIES

AGE GROUP

3-7 8-12 13-17 ADULTS

CHECK ONE

RETURNING STUDENT NEW STUDENT

HOW DID YOU HEAR ABOUT US?

CHECK ONE

NEWSPAPER FLYERS A FRIEND OTHER _____

PLEASE ENCLOSE \$90 REGISTRATION FEE , SIGN, AND BRING REMAINING \$110 TO FIRST DAY OF CLASS: (IF UNDER 18 HAVE YOUR GUARDIAN SIGN)

SIGNATURE _____ DATE _____

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