



Parent/Guardian Last Name 1: \_\_\_\_\_

Parent/Guardian Last Name 2: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Update: \_\_\_\_\_

**Student & Class/Show Registration  
2016-2017**

— Please print and fill out one page for each student —

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Season:  Fall  Winter  Spring

Class/Show: \_\_\_\_\_ Days/Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Season:  Fall  Winter  Spring

Class/Show: \_\_\_\_\_ Days/Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Season:  Fall  Winter  Spring

Class/Show: \_\_\_\_\_ Days/Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Season:  Fall  Winter  Spring

Class/Show: \_\_\_\_\_ Days/Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Season:  Fall  Winter  Spring

Class/Show: \_\_\_\_\_ Days/Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Please list any relevant health problems, allergies, or learning disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication being taken that we should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thin Ice Ensemble Theater, NFP  
A 501c3 Nonprofit Organization**