



Parent/Guardian Last Name 1: _____

Parent/Guardian Last Name 2: _____

Date of Registration: _____

Student & Class/Show Registration 2017-2018
— Please print and fill out one page for each student —

Mail form & tuition payment to: Thin Ice Ensemble Theater, 311 Rosewood Ct., Northbrook, IL 60062

**If any parent information has changed, please update your annual parent registration form.*

Student: _____

Date of Birth: _____

Email: _____

Cell Phone #: _____

Session (Choose one): Fall Winter Spring Summer

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

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

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

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

*All show tuition includes script fee.

Total: \$ _____

Please list any relevant health concerns, 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?

Parent Signature: _____ Date: _____