



# Drama Program Registration Form



Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School Site \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mom Name \_\_\_\_\_ Phone \_\_\_\_\_ Language: English / Spanish

Dad Name \_\_\_\_\_ Phone \_\_\_\_\_ Language: English / Spanish

Special Interest (eg: sing, dance etc) \_\_\_\_\_

Availability (eg: time, days): \_\_\_\_\_

Any previous experience (eg: acting or performing in front of an of audience) If yes please give a brief description of your experience/s: \_\_\_\_\_

\_\_\_\_\_

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## Emergency Contact Information

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship (eg: aunt, grandma) \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell \_\_\_\_\_

