

ALL CHILDREN'S THEATRE

PO Box 6328
Parsippany, NJ 07054
Tel: (973) 335-5328



ONE REGISTRATION FORM
PER CHILD, PER PROGRAM

SCHOOL YEAR REGISTRATION FORM

SESSION LETTER: A B C
(check one box only)

See Session
Letters from
website

Family Discounts Apply
(siblings 10% off)

PRINT THE NAME OF DESIRED PROGRAM: _____

Child's Last Name _____, First _____ Sex M F Age _____ Date of Birth ____/____/____

Address _____ Town _____ State _____ Zip _____ Town of Residence _____ County _____

Mother's Name _____ Father's Name _____ My Child Lives at Home With His/Her: Parents Mother Father _____ Other _____

Home Tel. No. () _____ Work Tel. No. () _____ Emergency Tel. No. () _____

Cell # () _____ Email Address _____

School _____ Grade Level _____

Does your child have any physical, mental or medical (includes allergies) condition of which we should be aware? Yes No

HEALTH CONDITION OF CHILD:
*Please notify us in writing
of any change in your
child's health condition
or need for special
accommodation*

If yes, please explain: _____

Is your child currently on medication? Yes No If yes, please Print Name _____ Print Reason _____

TOTAL FEE: \$ _____ (check fee on website schedule) **ENCLOSED:** Check # _____ in the amount of \$ _____ (525 charge for bounced check)

(\$50 of the fee above is a nonrefundable registration fee per program) **CHARGE:** VISA MASTERCARD AM EXP DISCOVER

I authorize ACT to use photographs, recordings, videos, etc. taken of my child at programs and at the public performance. (If not, cross out above sentence)

Account No. _____
Exp. Date _____
Amount: \$ _____ Name of Card Holder: (print) _____



SIGNATURE OF PARENT OR GUARDIAN _____ | _____ **DATE** _____

(signature)

(print name)

WS

Instructions:

Print, sign, and complete this form.

Mail, email or fax to:

All Children's Theatre

PO Box 6328

Parsippany, NJ 07054

Phone: (973) 335-5328 Fax: (843) 796-2005

allchildrensth@aol.com