

# ALL CHILDREN'S THEATRE

PO BOX 50171  
Myrtle Beach, SC 29579  
TEL: (843) 957-5912  
FAX: (843) 796-2005

## SCHOOL YEAR REGISTRATION FORM

### CAROLINA FOREST/MYRTLE BEACH



Family Discounts Apply  
(see website)

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  Step Mother  Step Father  Other

Home Tel. No. ( ) \_\_\_\_\_ Mother's Work Tel. No. ( ) \_\_\_\_\_ Father's Work Tel. No. ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

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

If yes, please identify: \_\_\_\_\_

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

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

### TOTAL FEE:

**ENCLOSED:** Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ (\$30 charge for bounced check)

**CHARGE:**  VISA  MASTERCARD  AM EXP  DISCOVER

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Name of Card Holder: (print) \_\_\_\_\_



I authorize ACT to use photographs, recordings, videos, etc. taken of my child.  
(If not, cross out above sentence)

**SIGNATURE OF PARENT OR GUARDIAN**  \_\_\_\_\_ | \_\_\_\_\_ **DATE** \_\_\_\_\_ WS

### Instructions:

Download, complete, sign  
and mail with payment to:  
All Children's Theatre  
PO Box 50171  
Myrtle Beach, SC 29579  
OR Scan and e-mail to us  
as an attachment to:  
allchildrensth@aol.com  
OR Fax to (843) 796-2005