

# FALL 2016 REGISTRATION FORM

*Form may be used for multiple students and/or copied.*

**SEND ALL MAIL TO:** Essex Youth Theater (EYT), PO Box 43553, U. Montclair, NJ 07043

**CHILD'S NAME:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**FOLKS' NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**PREFERRED PHONE:** \_\_\_\_\_

**ALT PHONE:** \_\_\_\_\_

**ANY OTHER #s** \_\_\_\_\_

provide the number(s) for all person(s) picking up your child

**EMAIL:** \_\_\_\_\_

so we may confirm registration, allow "essexyouththeater@comcast.net"

**CHILD'S SCHOOL :** \_\_\_\_\_

**SHOW TITLE:** \_\_\_\_\_

**CLASS DAY:** \_\_\_\_\_ **2<sup>nd</sup> choice:** \_\_\_\_\_

**ALLERGIES, BEHAVIORAL or MEDICAL CONDITIONS:**

\_\_\_\_\_  
*Use extra paper if necessary. Failure to disclose your child's condition is grounds for immediate dismissal from the program with no refund. See "Fall 2016 Policies" online for details.*

**SUBTOTAL:** \_\_\_\_\_ **COUPON CODE:** \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_

*\*Add \$10 Reg Fee per child if enrolling after Aug 12<sup>th</sup>.*

***By enrolling your child, you are agreeing to abide by all Essex Youth Theater Policies, INCLUDING THE REFUND POLICY see [www.EssexYouthTheater.com](http://www.EssexYouthTheater.com) for policy details***

***If paying by credit card, complete this section:*** check one: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card Code \_\_\_\_\_

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms outlined in Essex Youth Theater Policies.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE