

# Registration Form for **The Growing Stage** Theatre Education Program

**INSTRUCTIONS:** Please print all information clearly and completely. Use a separate form for each child. Select the desired class. If you have been informed the class is "full", please indicate if you would like to be placed on the waiting list. Include payment with registration form. (Tuition price includes tax.) Payment must be received by the first day of class. Checks should be made out to The Growing Stage.

**Send to:** The Growing Stage, 13170 Central Ave SE, Suite B #104 Albuquerque, NM 87123

Child's Full Name: \_\_\_\_\_ Gender: M F

Birth Date: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street  
\_\_\_\_\_  
city state zip

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's email: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Medical Information: \_\_\_\_\_  
Please note any allergies or other important health information about your child.

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Please put me on the waiting list for:

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_