**SPRING AFTER-SCHOOL 2021 REGISTRATION FORM**

***(Hit “reply”, fill in the areas, and send back to: EssexYouthTheater@comcast.net )***

# CHILD’S NAME:

**Gender: DOB:**

**FOLKS' NAMES:**

**ADDRESS:**

**PREFERRED PHONE:**

# ALT PHONE:

**ANY OTHER #s**

provide the number(s) for all person(s) we may need to contact for your child

**EMAIL:**

to receive scripts, music and all class-related materials and information

#### CHILD’S SCHOOL:

#### SHOW(S) SELECTED:

**ALLERGIES, BEHAVIORAL or MEDICAL CONDITIONS:**

(Failure to disclose your child’s condition is grounds for immediate dismissal from the program with no refund. See Policies online for details.)

**SUBTOTAL: COUPON CODE (if any):**

**TOTAL PAYMENT:**

***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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE NAME FOR ONLINE SIGNATURE OF PARENT/GUARDIAN DATE