

# ALL CHILDREN'S THEATRE

1180 Rt. 46 West  
Parsippany, NJ 07054  
TEL/FAX: (973) 335-5328



# 2011 SCHOOL YEAR 2012

## REGISTRATION FORM

SESSION LETTER: A B C D E F G H  
(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 \_\_\_\_\_

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

School (Sept 2011) \_\_\_\_\_ Grade Level (Sept 2011) \_\_\_\_\_  
Does your child have any physical, mental or medical (includes allergies) condition of which we should be aware? Yes No  
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)  
(\$50 of the fee above is a nonrefundable registration fee per program)

**ENCLOSED:** Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ (\$25 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 at programs and at the public performance. (If not, cross out above sentence)

**SIGNATURE OF PARENT OR GUARDIAN** **X** \_\_\_\_\_

(signature)

\_\_\_\_\_ (print name)

**DATE** \_\_\_\_\_

WS

### Instructions:

Print, sign, and complete this form.  
Mail, email, fax, or drop off to;

All Children's Theatre  
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Parsippany, NJ 07054  
TEL/FAX: (973) 335-5328  
allchildrensth@aol.com