

Student Name: \_\_\_\_\_

(Students under 18)

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address for Confirmations: \_\_\_\_\_

Student Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies, Medications, or Special Needs the Theatre School should know about: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Do we have permission to have your child treated at Paoli Hospital in the event of an emergency?    Yes    No

Course Title: \_\_\_\_\_

Section #: \_\_\_\_\_

At times, People's Light uses photos, video footage and student quotes in print and electronic publications and media coverage of our programs.

Please sign to verify your acceptance:

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Please check here if you are a new student.

Have you been on a waitlist before?

Class: \_\_\_\_\_ Semester: \_\_\_\_\_

Enclosed is my:     Check         Visa         Mastercard         American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-4 digit Security

Code: \_\_\_\_\_

Amount Enclosed (50% deposit required): \$ \_\_\_\_\_

(Checks may be made out to People's Light and Theatre. 10% discount offered to families registering 2 or more students and to People's Light contributors of \$100 or up)

Please check here if you are a contributor of \$100 or more.

How did you first hear about our Theatre School? (Please check one)

- I received a brochure in the mail.                       I received a phone call.  
 I received an e-mail.     I visited your website.  
 Word of Mouth     I and/or my child attended a production.  
 I and/or my child attended a workshop/class led by People's Light staff.  
 Other: \_\_\_\_\_

Most recent production seen at People's Light: \_\_\_\_\_