

2008
**SUMMER WORKSHOP
REGISTRATION FORM**



Students Name: _____

Birth date: _____ Male / Female _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night: _____

Email: _____

- Creative Dramatics Acting Theatre Performance
Ages 7 - 11 • June 2 - 6 Ages 7 - 11 • June 9 -13 Ages 11 - 17 • June 16 - 20/23 - 27

INTERESTED IN MORE THAN ONE WORKSHOP? SIGN UP FOR TWO WORKSHOPS AND GET A \$25 DISCOUNT!!!

Total Cost of Workshops: _____

Check Enclosed or
MasterCard/Visa No. _____

Expiration Date: _____

Signature: _____

For office use only
Recd: _____
Proc: _____
App: _____

INFORMATION FORM: Must be received before your child may attend any workshop. BCT will send you an information form that requests medical history, guardian's contact numbers, and other important information. This form must be filled out and returned to BCT before your child can attend any workshop.

CANCELLATION POLICY: BCT is unable to offer a refund to students who withdraw within three weeks of the first class date.

Early drop off and late pick up will be available from 8am to 9am and 4pm to 5pm during workshop days. Cost is \$10 per child per day for the morning session and \$10 per child per day for the afternoon session. Parents will be charged \$5 for every 15min they go over the set late pick up time. Please contact Stephen Pierce to make reservations for this program. (205) 458-8185

**Please send form and payment to: Birmingham Children's Theatre • Academy of Performing Arts • P.O. Box 1362 • Birmingham, Al • 35201
(205)-458-8181 www.bct123.org**

MEDICAL AND PERSONAL INFORMATION FORM

Please return this form to BCT ASAP!

CHILD'S NAME: _____

GUARDIAN'S NAME: _____

GUARDIAN'S RELATIONSHIP: _____

CREATIVE DRAMATICS • Ages 7 - 11 • June 2 - 6

ACTING! • Ages 7 - 11 • June 9 - 13

THEATRE PERFORMANCE • Ages 11 - 17 • June 16 - 20 & 23 - 27

Do you regularly take any medications? Yes No

If so, please list them: _____

Are you allergic to any medications? Yes No

If so, please list them: _____

Do you have any other allergies? Yes No

If so, please list them: _____

Do you have any other chronic medical problems? Yes No

If so, please list them: _____

Do you have personal health insurance? Yes No

Company: _____

Group/Policy Number: _____

Name of Card Holder: _____ Relationship: _____

Have you had a tetanus shot? Yes No

If so, how long ago: _____

Who should we call in case of an emergency?

Name	Phone Number	Relationship
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1. _____	_____	_____
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2. _____	_____	_____
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Name of hospital emergency room you prefer: _____

Name and phone number of Primary Care Physician: _____