



CYT Class Registration Form—WINTER, 2011

Child's Name _____
 Address _____
 Town _____
 M / F Age _____ Grade _____ DOB _____
 Name of Parent (1) _____
 Phone (h) _____ cell _____
 Phone where parent can be reached during class time _____
 Email _____
 Name of Parent (2) _____
 Phone (h) _____ cell _____
 Phone where parent can be reached during class time _____
 E-mail _____
 Parent Signature _____

Is there any other information that we should know about your child?

Please Circle Class Desired:

Story Theatre
Tues. 1:45-2:30 Ages 3-5
 \$140 (\$126 members)

Tell Me a Tale or Two
Tues. 2:40-3:30 Ages 4-6
 \$140 (\$126 members)

Showtime
Tues. 3:45-4:45 Grades 1-2
 \$150 (\$135 members)

Musical Theatre
Fri. 3:45-4:45 Grades 3-5
 \$150 (\$135 members)

Performance Workshop
Fri. 4:45-5:45 Grades 4-7
 \$150 (\$135 members)

MEMBERSHIP IS OPTIONAL: \$40 PER YEAR
 Discounts offered on class and most performance tuitions.
 Also, receive a free ticket to any one of our productions.

Class amount enclosed: \$ _____
 Opt. membership: \$ _____
 Total enclosed: \$ _____

From time to time CYT would like to place photographs of our classes in session on our website or in advertising brochures. Please sign below if you agree to allow us to use your child's photograph for this purpose.

Please mail this form with payment to:
 Concord Youth Theatre, PO Box 652, Concord, MA 01742