

CHILD'S NAME:	AGE:	REF'D BY WHO:
Mother's Name:	Father's Name:	
Cell # (must include):	Home # (must include):	
Child's cell # (if any):	Work Tel. # (must include):	
EMAIL (must include):	CHILD'S EMAIL (must include):	
Address:		
Emergency Name (other than Parent):	Emergency Tel. #:	
NAME OF SCHOOL:	SCHOOL TELEPHONE:	
PLEASE INDICATE NAMES OF: HOME RM TEACHER (IMPORTANT - must include): SCHOOL PRINCIPAL:		
(very important for submitting OFFICAL ABSENTTEE letters for UN & other performances)		
Are you pursuing or interested in professional work for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parents: I have read, signed and agreed to the CTC Membership Agreement and SEASON CALENDAR. Calendar conflicts must be submitted at least 3 weeks in advance for PERFORMANCES and by WEDNESDAY for rehearsal absentee. To avoid a HALF DAY FEE OF \$20, rehearsal-absentee calls must be made by Wednesday. I understand that I will be charged \$100 for each unexcused performance absence. _____ Initial Here This verifies that you have read and agreed to the full Letter of Agreement, available at registrar		
List any SCHEDULE RESTRICTIONS or CALENDAR CONFLICTS:		

- ☺ MEMBERSHIP PLEDGE SHEET ☺ -

Check payment options: <input type="checkbox"/> Full Season Payment: <input type="checkbox"/> <i>Tuition Pledge + Reg. Fee</i> <input type="checkbox"/> Two installment Plan: <input type="checkbox"/> <i>2 Payment Installation + Reg. Fee</i> <input type="checkbox"/> <i>Sibling Scholarship: (50% Off Eligible families)</i> <input type="checkbox"/> <i>Other (as agreed by Registrar ONLY)</i>	For Office Use Only: Balance paid: \$ _____ <i>Registration Fee Paid</i> \$ _____ <i>Full Season Payment</i> \$ _____ <i>1st Payment</i> \$ _____ <i>2nd Payment</i> ADDTL DONATION: \$ _____ Total Paid: \$ _____ Balance Due: \$ _____
1 st Payment Due: SATURDAY, MAY 12, 2007 2 nd Payment Due: SATURDAY, JUNE 16, 2007	
THERE IS ANON-REFUNDABLE REGISTRATION FEE, PER CHILD-DUE WEEK 1 OF EACH SEASON. Tuition is reimbursable by no later than SECOND AUDITED SESSION. The Children's Theatre Company is recognized as a public charity under Internal Revenue Code Section 501(c)(3). Contributions are deductible for federal income tax purposes under Internal Revenue Code Section 170(c)(2). <i>Donations to support the continuing work of CTC are greatly appreciated.</i>	
ADDITIONAL CONTRIBUTION? <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> other \$ _____	
DATE: _____	
AMOUNT: _____ NAME ON CARD _____	
FORM OF PAYMENT: Cash _____ Check _____ Credit Card _____ Visa _____ MC _____ # _____ Exp _____	
AMOUNT: _____ NAME ON CARD _____	
FORM OF PAYMENT: Cash _____ Check _____ Credit Card _____ Visa _____ MC _____ # _____ Exp _____	
FOR OFFICE USE ONLY:	Each Parent / Guardian or Youth will be asked to volunteer for at least TWO of EACH category of service below:
Hospitality / Clean-up Days:	
Crew / Production / Clean-up Days:	
Off-Site Service:	
NOTES:	

MEDICAL & TALENT RELEASE FORM

One medical release form per family is sufficient unless health and dietary needs vary per child.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, as the undersigned parent/legal guardian of _____, a minor, do hereby authorize ~~The Children's Theatre Company~~ or its designated representative(s), as agents for the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any Physician or Surgeon licensed under the provisions of the Medical Practice Act.

In addition I hereby confirm our participation in the Children's Theatre Company and that, unless otherwise arranged through separate auditions or non-CTC related engagements, we will not seek payment of any kind for any CTC performances and engagements, for any CTC related promotional appearances, whether in print or broadcast media for both television, live and studio recordings. I hereby confirm that we waive any royalties or other financial interest with respect to the child's appearance in the CTC season, on any promotional material, including performance CDs, videos or other broadcast material. I further absolve the Children's Theatre Company or other 'Producers' or 'presenting organizations' - of CTC invitational performances, of any and all liability in connection with the CTC performance engagements and any rehearsals directly related to the Children's Theatre Company.

This authorization shall remain in effect from _____, 20__ to _____, 20__ while my child/ward is attending a **Children's Theatre Company** sponsored activity.

Signature of Parent of Legal Guardian: _____
Date signed: _____
Home Phone: _____
Emergency Phone: _____
Medical Insurance Company: _____
Policy Number: _____
Any known allergies: _____
Any medications CURRENTLY: _____
Name number of child's physician: _____
Any known reactions to medication: _____

NARRATIVE APPLICATION

PLEASE COMPLETE (use backside as necessary):

Dear Parent & Performer:

CTC believes in the inherent nobility of children and we hope to build on their talents and strengths. We invite you to share with us your developmental goals for your child, whether artistic, character-building, ethical, social, spiritual or other.

Dear Performer, tell us in a few words why you would like to join the Children's Theatre Company?

If you were President, what would you do to improve the world?