

Sol Children Theatre Troupe  
FALL SESSION OF CLASSES ... Registration Form

STUDENT'S  
NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
AGE \_\_\_\_\_

PARENT'S (OR GUARDIAN'S)  
NAMES \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ PARENT'S CELL PHONE  
(\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ STUDENT'S CELL PHONE  
(\_\_\_\_) \_\_\_\_\_

MAILING  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP  
CODE \_\_\_\_\_

PARENT'S  
EMAIL \_\_\_\_\_

STUDENT'S  
EMAIL \_\_\_\_\_

ANY MEDICAL  
CONCERNS? \_\_\_\_\_

I PREVIOUSLY TRAINED  
AT \_\_\_\_\_

I WAS REFERRED  
BY \_\_\_\_\_

**I UNDERSTAND THAT FULL PAYMENT MUST BE MADE PRIOR TO  
STUDENT PARTICIPATING IN ANY CLASSES....unless prior arrangements are made  
through the theatre office.**

**X** \_\_\_\_\_ **Signature of Parent or  
Guardian**

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.....

**FILL IN THE CLASS YOU ARE REGISTERING FOR: FALL SESSION**  
**TUESDAY: 3:15 4:00 5:30**  
**WEDNESDAY: 3:45 4:30 5:30**

**THURSDAY:                    3:45                    4:30                    5:30**

*Please mail or email to ... or drop off at ...*

*Don't forget \$50 registration fee ... tuition is due at first class*

**Sol Children Theatre Troupe Inc. 3333 North Federal Hwy.**

**Boca Raton, FL 33431                    561-447-8829**

SolChildTroupe@aol.com

[www.solchildren.org](http://www.solchildren.org)