

REGISTRATION
JCHS THEATER WORKSHOP

Children grades 2-8
TUESDAY AFTERNOONS 3-5:00 JCHS Room 401
Cost: \$25 a month

Director: Mrs. Zalnoski-McGeown

Name of student: _____ Grade: _____ Age: _____

Mailing Address: _____

E-Mail Address: _____

Parents/Guardian Names: _____

Emergency Day Phone: _____ Contact Person: _____

Medical Conditions/Special Instructions: _____

Special Talents or abilities of student: _____

We (parents/guardians) agree to provide medical insurance for our child during the camp/workshop. In the absence of such insurance, we relinquish any claims for compensation insofar as John Carroll High School and its employees are concerned.

Parent/Guardian Signature: _____ Date: _____

*****On the back of this form, please list the names of anyone who will be allowed to pick up your child from the workshop.**

*The children will meet at the pavilion and will be walked over to JCHS.
Please send a note to **St. A's office** stating that your child has permission to walk over with us to JCHS on Tuesday afternoons.*

Please make checks payable to John Carroll High School. Cash is also accepted.
E-mail any questions to pzalnoski@johncarrollhigh.com