

THEATER WORKSHOP REGISTRATION FORM

Grades 2-8

Wednesday afternoons from 3-5 PM

First workshop - September 6th

John Carroll High School - Room 401

Cost: \$30 a month; \$8 "drop-in"

Director: Mrs. Zalnoski-McGeown

Name of student: _____ Grade: _____ Age: _____

Mailing Address: _____

E-Mail Address: _____

Parents/Guardian Name(s): _____

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 Wednesday afternoons.
- Please make checks payable to P. Zalnoski-McGeown. Cash is also accepted. E-mail any questions to pzalnoski@johncarrollhigh.com