

**Thalian Association Children's Theater Academy  
Registration Form**

Student's Full Name: \_\_\_\_\_

Gender: M / F      Age: \_\_\_\_\_      Date of birth: \_\_\_\_\_      Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_      Zip: \_\_\_\_\_

**Email (this is our primary form of communication!  
Please write clearly and give us the best single email to reach the family!**

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Harris Teeter Vic # (or Phone #) \_\_\_\_\_      Last Name: \_\_\_\_\_

List Class, Day, Time and Location:    (example: Stage Craft, Wed. 4:00-5:00 HBHUSO/CAC)

\_\_\_\_\_  
\_\_\_\_\_

**(Initial)**

\_\_\_\_ I authorize Thalian Association to use photographs & videos of above mentioned student  
for Thalian Association Children's Theater & Academy advertising & publicity.

\_\_\_\_ I understand deadline for refunds is 3 weeks after semester begins and tuition will not be prorated.

\_\_\_\_ I understand the monthly payment is: \_\_\_\_\_      Signature: \_\_\_\_\_

\*\*If 3 month semester is paid in full, use *Current Discount Coupon*\*\*

Form of Payment: CC / Cash/Check # \_\_\_\_\_      Amount: \_\_\_\_\_

Additional information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us / classes or workshop: \_\_\_\_\_

OFFICE CONFIRMATION: (make sure everything is legible, then initial each)

EMAIL \_\_\_\_ PHONE: \_\_\_\_ CLASS: \_\_\_\_ AGE: \_\_\_\_ MEDICAL: \_\_\_\_ REG. FEE: \_\_\_\_ TUITION \_\_\_\_ COUPON: \_\_\_\_

OFFICE DATA ENTRY CONFIRMATION: (make sure everything is legible, then initial each)