

Children's Musical Theatre Workshop, Inc. Application

Student's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ DOB: _____ Age: _____

School: _____ Grade: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Are there any special physical or emotional needs that we should be aware of regarding your child's participation in this class? _____

If so please explain _____

If your child needs assistance with positioning or costume changes, will you allow us to help your child? _____

Please list anyone who would be picking up your child:

Name: _____ DL# _____

Name: _____ DL# _____

Name: _____ DL# _____

Training: Please list any Acting, Dance or Musical Training

Discipline	Years Studied	School/Teacher
_____	_____	_____
_____	_____	_____

(Please use back of form for additional information.)

Performing Experience: Please list as indicated

Type of Show	Role Performed	Place & Year
_____	_____	_____
_____	_____	_____

A limited number of scholarships are available to those who qualify. If interested in applying, please state here. _____ Scholarship Applications are available at the front desk.