

# Student Information Form 2019-2020



**STUDENTS MAY NOT ATTEND CLASS UNTIL THIS FORM IS SIGNED BY A PARENT/GUARDIAN AND RETURNED TO THE MAIN OFFICE. PLEASE PRINT ALL INFORMATION NEATLY.**

STUDENT NAME: \_\_\_\_\_  M  F Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

PARENT/GUARDIAN # 1 \_\_\_\_\_ Employer \_\_\_\_\_

PARENT/GUARDIAN # 2 \_\_\_\_\_ Employer \_\_\_\_\_

Does your employer offer a matching gift program? \_\_\_\_\_

**PARENT/GUARDIAN PHONES:** Please list first the number where you are most likely to be reached and include whose phone it is i.e. Mom's cell, Dad's work and type (h) home; (w) work; (c) cell; (o) other:

Phone 1 - name \_\_\_\_\_ phone # \_\_\_\_\_ type (h) (w) (c) (o)

Phone 2 - name \_\_\_\_\_ phone # \_\_\_\_\_ type (h) (w) (c) (o)

Phone 3 - name \_\_\_\_\_ phone # \_\_\_\_\_ type (h) (w) (c) (o)

Phone 4 - name \_\_\_\_\_ phone # \_\_\_\_\_ type (h) (w) (c) (o)

**EMERGENCY CONTACT (IN THE EVENT WE ARE UNABLE TO REACH A PARENT):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student has or has history of (check and give details):

- Allergy to a medicine, food, plant, animal, or insect toxin \_\_\_\_\_
- Asthma \_\_\_\_\_
- ADHD (Attention Deficit Hyperactive Disorder) \_\_\_\_\_
- LD (Learning Disability) \_\_\_\_\_
- Contact lenses \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Serious illness/injury \_\_\_\_\_
- Any other condition that may require special care, medication, or diet \_\_\_\_\_
  
- Are there any concerns or other medical conditions you'd like to share \_\_\_\_\_

**MEDICAL INSURANCE:**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I hereby authorize, consent and direct Pennsylvania Youth Theatre, its directors, officers, and employees, and any physician, hospital, or other health care provider selected by Pennsylvania Youth Theatre, to take such action as is necessary in the circumstances to provide emergency care and related treatment to my above-named child in my absence, should the need arise while he/she is participating in the programs of Pennsylvania Youth Theatre. I hereby designate Pennsylvania Youth Theatre, its directors, officers, and employees as my authorized agent for the signing of any consent forms required by any such health care provider in connection with such health care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Continued Other Side →**

**POLICY AGREEMENT:**

I understand that any change to my child's enrollment must be made in writing.

I understand I am responsible for all tuition and fees. ***All fees must be paid by their specified due dates, otherwise my child may not perform in productions or PYT student showcases.***

I have read and reviewed the Code of Conduct with my child.

**Please check ONE:**

- My child will be unaccompanied at drop off and pick up.**  
I will be dropping my child off at the parking lot of the Banana Factory and they have my permission to walk unaccompanied to their class/classes. PYT staff and faculty have permission to dismiss my child after class without my being present.
- I will escort my child to and from class at drop off and pick up.**

**Photography Policy:** *Pennsylvania Youth Theatre reserves the right to use photographs and video taken during classes and other programs for the promotion of the organization. Any student, parent or guardian who does not wish to be photographed or have a child photographed, must notify Pennsylvania Youth Theatre upon registration.*

**For the privacy and safety of all the students of PYT; photography, audio and video recording is not permitted at any PYT performance or rehearsal. This rule will be strictly enforced.**

- YES—I have read and agree to comply with the stated policies and procedures.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



**PENNSYLVANIA  
YOUTH THEATRE**

*It all starts here.*