



CHILDREN'S MUSICAL THEATRE WORKSHOP, INC.

A NON-PROFIT 501 (C)(3) CORPORATION
SERVING THE CHILDREN OF VOLUSIA AND FLAGLER COUNTIES

Please visit our website
www.cmtworkshop.org



Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact 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? Yes / No _____

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