

**Theater for the New City
Fall 2023 Arts in Education After School Program**

Child's Full Name _____ Date of Birth _____

Primary Address _____

School _____ Grade _____

Parent/Guardian Name _____

Contact Number _____ E-Mail _____

Alternate Pickup Person(s) & Contact Number(s)

MY CHILD CAN GO HOME BY THEMSELVES - YOUR SIGNATURE -

Allergies / Medical Conditions _____

I, the Parent/Guardian of _____ give permission for them to participate in Theater for the New City's Arts in Education Program.

Do you give permission to Theater for the New City to Film or Photograph your child for Fundraising/Promotional purposes? YES _____ NO _____

Parent/Guardian Signature _____ Date _____

Additional notes or comments regarding your child _____
