

**Theater for the New City
Fall 2024 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 (we serve snack) _____

**I, the Parent/Guardian of _____ give permission for them
to participate in Theater for the New City's Arts in Education 2024 Fall 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 _____
