



# Registration Form

Please complete one (1) form per student and print clearly.

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Gender \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 2008-2009 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Allergies or other medical impairments and/or learning difficulties: \_\_\_\_\_

Please check box(es) of racial or ethnic identity/ies of child.\*\*

- White  Black  Hispanic  Asian  Pacific Islander  American Indian  Other

Have you been a student at RLT before? \_\_\_\_\_

How did you discover RLT's Education Program? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to pick up student \_\_\_\_\_

*\*\*Raleigh Little Theatre receives scholarship money that may be earmarked for a certain ethnic or racial population. We need this information to distribute such funds appropriately. You do not have to answer this question to be eligible for scholarship assistance.*

**THE UNDERSIGNED** gives Raleigh Little Theatre permission to use his/her child's name and/or photograph for public relations and marketing purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME OF CLASS	SESSION #	DAY OF WEEK	FEE
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

Donation to RLT Youth Program Scholarship Fund: \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

## PAYMENT INFORMATION

\*\*\*CLASS FEES MUST ACCOMPANY REGISTRATION FORM. NO REFUNDS AFTER THE FIRST CLASS OF A SESSION.\*\*\*

- Enclosed is my check payable to Raleigh Little Theatre  
 Please charge my credit card:  MasterCard  Visa  American Express  Discover

Name as it appears on card \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ V-code \_\_\_\_\_



*Next to Cameron Village*  
 Office 919-821-4579  
 Box Office 919-821-3111  
 Fax 919-821-7961  
[www.raleighlittletheatre.org](http://www.raleighlittletheatre.org)

**Please send your registration form and payment to:**  
**RLT Education Program, PO Box 5637, Raleigh, NC 27650**  
**Or, if paying by credit card, you may also fax this registration form.**