

TOWN HALL KIDS – STUDENT INFORMATION FORM

YOUR CHILD MUST BRING THIS FORM ON THE FIRST DAY OF CLASS

Register for classes on-line at www.townhallkids.com or in person at the Town Hall Theatre Box Office on Tuesdays through Saturdays from 3PM to 6PM.

Student Name		Home Phone	
Street Address		City/Zip	
Age	Birth Date	Primary E-Mail Address (VITAL! This is our primary communication tool!)	
Mother's Name		Phone: Days	Evening or Cell
Father's Name		Phone: Days	Evening or Cell
Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s)			
T-Shirt Size: YOUTH: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large			
My Child is Enrolled in (program name/week day):		Do we have your permission to release a roster to the class with your phone number, email and street address? YES _____ NO _____	

Medical and Emergency Form

In an emergency, if parent is not available, contact:

Name/ Home Phone/ Cell Phone

Name/ Home Phone/ Cell Phone

Health Insurance Carrier

Policy Number

Name of Family Physician

Phone

Allergies (please describe any allergies to food or drugs)

EMERGENCY PERMISSION SLIP

By my signature, I certify that I am the parent or legal guardian of the above named student, that he/she is in good health, and I give my permission for him/her to participate in the Town Hall Kids program). I agree to assume full responsibility for any personal injuries or property damage incurred by him/her in connection with such participation. I further authorize you, to whose care my child has been entrusted, to call the following physician in case of emergency and to consent to any X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a surgeon, dentist or physician.

In the event of an emergency, your child will be taken to the nearest emergency facility and the parent notified immediately. In the case of a non-life threatening injury, the parents will be called and their specific instructions will be followed.

Does your child have any serious illness or major injuries?

Does your child have any medical problems we should be aware of?

Is your child on any medication? If yes, what medication and for what purpose?

Name

Relationship

Signature

Date