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Miss Kathey’s Academy Registration Form

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle: Male Female**

**Height:\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_Hair Color:\_\_\_\_\_\_\_\_\_\_\_**

**Other Theatrical Experience & Talents (Tap, Ballet, Gymnastics, skate board, roller skate, etc.)**

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip

Parent Email (*if different from above*)\_\_\_\_\_\_\_\_

I will be responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify MKA Coordinator or Miss Kathey in advance. In order to guarantee the superiority of rehearsals and the production, I understand that two absences may result in dismissal from the show. I understand that students are NOT eligible for a tuition refund. I am responsible for personal items (i.e., shoes, tights, make-up). I understand that I will be required to attend any parent meetings and encouraged to sell 20 tickets per child to performances.

\_\_\_\_\_\_\_I have read the above statement and by writing my initials I am in agreement with the statement.