



Brick District Playhouse
613 Court St.
Fulton, MO 65251

**BRICK DISTRICT
PLAYHOUSE
ENROLLMENT FORM**

One form is required for each student.

Mail or email this form to
The Brick District Playhouse.
Contact us with any questions or concerns.

brickdistrictplayhouse@gmail.com

www.brickdistrictplayhouse.com

573-220-1838

Please select your shirt size.

Kid size:

S M L

Adult size:

S M L XL XXL

Student's Name: _____ Date of Birth: _____

2018-2019 Grade: _____ School: _____

Parent(s) or Guardian(s) Name(s) _____

Address: _____
(Street) (City) (Zip)

Phone Numbers: Home # () Work # () Cell # ()

Parent/ Guardian Email: _____

I give my permission to photograph my child for publicity and public access TV purposes.

X _____
(Parent/Guardian signature required)

DATE OF FIRST TRYPS INSTITUTE CLASS	CLASS TITLE	FEE
TOTAL PAID		

PAYMENT INFORMATION

Checks payable to:

Brick District Playhouse

Or pay online at

Brickdistrictplayhouse.com

CLASS SIZE & ENROLLMENT INFO

1. Enroll early as class size is limited.
2. Classes will be cancelled if enrollment is less than six students
3. A full tuition reimbursement will be made to you if TRYPS cancels a class due to low enrollment.

We will contact you immediately in the unlikely event of a medical emergency.

Emergency Contact: _____

Emergency Phone: _____

Allergies and any activities in which my child cannot participate:

Doctor: _____

Phone Number: _____

Insurance Carrier: _____

Policy #: _____

I authorize the program director to arrange emergency treatment by qualified personnel for my child.

X _____
(Parent/Guardian signature required)

