



Registration Form

CHILD'S FAMILY INFORMATION

Child's Name _____ Name Used _____

Date of Birth _____ Child's Address _____

Father/Guardian Name _____ Mother's/ Guardians Name _____

Home Address _____ Home Address _____

Employer _____ Employer _____

Address _____ Address _____

Mother's E-mail Address: _____ Father's Email Address: _____

Business Phone _____ Business Phone _____

REQUESTED DAYS OF ATTENDANCE

Days: M T W TH F Hours: _____ AM _____ PM

Requested Start Date: _____

HOW DID YOU HEAR ABOUT *STAGE RIGHT*?

Referral/ If so, who? _____

Walk-in _____ Telephone Directory _____ Other _____

**TO HOLD YOUR CHILD'S PLACE WITHIN THE PROGRAM
INCLUDE THE NON-REFUNDABLE \$50 REGISTRATION FEE WITH THIS FORM.**