



# The Academy of Theatrical Arts

## Class Registration:

### -----Child Information-----

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Allergies, Medical Conditions, or Special Needs

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### -----Parent Information-----

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Home Phone: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_

Parents Work Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

By signing this I give permission for my child's picture to be taken and potentially be used on ATA's website or future brochures for Marketing purposes.

Sign: \_\_\_\_\_

Please select the from the classes below

MONDAY

\_\_\_\_\_ Jazz III - 4:00- 5:15

\_\_\_\_\_ Tap III - 5:15- 6:00

TUESDAY

\_\_\_\_\_ Jazz I - 4:30- 5:30

\_\_\_\_\_ Jazz II - 5:30 - 6:30

WEDNESDAY

\_\_\_\_\_ Jazz III 6:30 - 6:45

THURSDAY

\_\_\_\_\_ Jazz I - 3:30- 4:30

\_\_\_\_\_ Tap I - 4:30 - 5:30

\_\_\_\_\_ Tap II - 5:30 - 6:30

FRIDAY

\_\_\_\_\_ Jazz II - 4:00- 5:00

\_\_\_\_\_ Teen Jazz I - 5:00- 6:00

\_\_\_\_\_ Acting - 6:00 - 7:00

SATURDAY

\_\_\_\_\_ Contemporary 10:00 - 11:00

SUNDAY

\_\_\_\_\_ Jazz III 6:00- 7:15

\_\_\_\_\_ Acting 7:30 - 8:30

Please contact us at [academyoftheatricalarts@gmail.com](mailto:academyoftheatricalarts@gmail.com) before signing up for a solo time.

Solo Lessons

Day and Time: \_\_\_\_\_

Style of Dance or Acting: \_\_\_\_\_