# Fall 2026 Class Registration

**Check off the class(es) you are signing up for**

**Acting the Song _____** **Intermediate Acting _____** **Advanced Acting _____**

**Musical Theatre _____** **Theatre Basics _____** **Broadway Jazz _____**

**STUDENT**

**NAME**_____ **PREFERRED PRONOUNS**_____

**AGE**_____ **GRADE**_____ **DATE OF BIRTH**_____

**EMAIL**_____ **PHONE NUMBER**_____

**PARENT/GUARDIAN 1**

**NAME**_____ **PHONE NUMBER**_____

**EMAIL**_____

**PARENT/GUARDIAN 2** (optional)

**NAME**_____ **PHONE NUMBER**_____

**EMAIL**_____

**NON PARENT EMERGENCY CONTACT** (We will only contact this person if we can not reach a parent)

**NAME**_____ **PHONE NUMBER**_____

**MEDICAL INFORMATION**

**DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES, INCLUDING FOOD? YES_____ NO_____**

If yes, please list allergies_____

**DOES YOUR CHILD CARRY AN EPINEPHRINE INJECTOR?** (i.e. EpiPen) **YES_____ NO_____**

**ARE THERE ANY ACCOMMODATIONS WE SHOULD BE AWARE OF? YES_____ NO_____**

If yes, please elaborate here _____

_____

**PAYMENT** (Please make checks payable to ***Next Generation Theatre***)

**I AM PAYING TUITION NOW AND AM INCLUDING A CHECK FOR $_____**

**I WILL BRING A CHECK ON THE FIRST DAY OF CLASSES (September 5th) _____**

****IN SIGNING UP FOR THIS PRODUCTION, I GRANT NEXT GEN PHOTO AND VIDEO PERMISSION FOR MY CHILD**

**PARENT/GUARDIAN SIGNATURE_____**

**Mail to: 4040 Yorktown Dr.**
**Upper Chichester Pa. 19061**

**or bring it with you to class**