

Christian Family Theatre

Registration Form for:



www.christianfamilytheatre.org

(Fill out a registration form PER student.)

STUDENT INFORMATION:

Student Name:	Today's Date:
Mailing Address: _____	Age:
Home Phone #:	Grade:
Name of School or Home School:	Birthdate:
School or Co-op Address: _____	Type <input type="checkbox"/> Public <input type="checkbox"/> Home School of School: <input type="checkbox"/> Private <input type="checkbox"/> Private Christian
Allergies:	

Explain any learning difficulties or emotional, social, or medical issues that we should know about in order to help this student be successful in CFT:

How did you hear about CFT?

PARENT INFORMATION:

Mom's Name:	Mom's Cell #:	Mom's Work #:
Dad's Name:	Dad's Cell #:	Dad's Work #:
Parent Email:		

My signature below indicates that I absolve CFT, Marietta Church of God, and any other chosen venue from any liability if an injury occurs while on their premises or while participating in CFT activities. I also authorize CFT staff to seek any necessary emergency medical treatment if unable to reach me in a timely fashion.

SIGNED:

DATE:

Registration Fee: \$15.00 (non-refundable registration fee) due with registration form.

Reg. Deadline: **October 1st or when CLASS IS FULL.**

Class Fee: \$55.00 per student - due by the first night of class.

Class Dates: Mondays - October 11th through November 15th.

Class Time: Mondays - 5:00 p.m. to 6:00 p.m.

Location: Marietta Church of God - 1083 Allgood Road - Marietta

**Parent Meeting
Oct 11th**

**Make checks payable to CFT.
c/o Krista Anderson
4531 Hosta Court
Acworth, GA 30102**

**CONTACT
INFORMATION:
Kay D. Stokes
678-431-2388**

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