

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:

Grade:

Home Phone #:

Birthdate:

Name of School
or Home School:

Type Public Home School
of School: Private Private Christian

School or Co-op
Address: _____

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: **September 12th or when class is full**

Class Fee: \$80.00 per student - due by the first night of class.

Class Dates: Mondays (5:00-6:30 pm) - Starts September 26th for 8 weeks

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

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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