



The Ensemble Theatre
Young Performers Program
Summer Program

Child's Name _____ Age _____ Sex _____ Grade Level _____
First Time Participant _____ Returning Participant; attended how many years _____

Please attach the child's most recent report card and wallet size photo

Parents/Guardians Information:

Names _____ Relationship _____

Address _____ City _____ Zip _____

Phone: Home _____ Mom Work _____ Mom Cell _____
Dad Work _____ Dad Cell _____

Email (Mom) _____ (Dad) _____

Session I _____

Dates: June 3-June 28, 2019

Time: 8AM-4PM

Application Fee Payment (\$50.00) _____

Extended Day (\$100.00) _____

Tuition Payment (\$650.00) _____

Payment Type: Cash _____ Check _____ Credit Card _____/Type: Visa _____ MasterCard _____ Discover _____ American Express _____
Card # _____ Expiration Date _____ V-Code _____
Name (as it appears on card) _____

Session II _____

Dates: July 1 – July 26, 2019

Time: 8AM-4PM

Application Fee (\$50.00) _____

Extended Day Fee (\$100.00) _____

Tuition Payment (\$650.00) _____

(Once the Program begins, there is no refund)

Parental Consent:

I hereby grant The Ensemble Theatre the right to record, exhibit or otherwise use my child's name, likeness, photograph, voice and biographical data in materials to advertise, promote and publicize The Ensemble Theatre and The Ensemble Theatre's YOUNG PERFORMERS PROGRAM.

Signature: _____

Medical Information:

1. Any illness or medical condition that would prevent the participant from participating in physical exercise, dance, etc.? Yes _____ No _____ If yes, please specify _____

2. Is participant taking any type of medication? Yes _____ No _____ If yes, please list name of medication(s) and reason for use: _____

Emergency Contacts Other Than Parents:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Authorization for Pick-up (other than parents)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Mail Application: The Ensemble Theatre, Attn: YP Program, 3535 Main ST, Houston, TX 77002
For More Information: Teresa White (713) 807-4309; twhite@ensemblehouston.com