

**Valley Performance Playground 2019 Registration Form**

Check which program(s) you're registering for:

- \_\_\_ Story Play, Sundays, 10-10:45, Jan 27-March 17, \$100 for 6-wks, \$60 for 3-wks
- \_\_\_ Teen Performance Workshop, Saturdays, 1-4, April 27 May 4, May 11, \$90 for 3 workshops
- \_\_\_ February Vacation Camp, Feb 18-22, 9am-3pm, \$250 (\$100 deposit needed to secure spot)
- \_\_\_ Musical Theater Adventure, July 8-19, 9am-3pm, \$500 (\$100 deposit needed to secure spot)
- \_\_\_ Imagination Express, July 22-26, 9am-3pm, \$150

**I. General Information**

Participant's Name \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 School \_\_\_\_\_ Birth date \_\_\_\_\_ Age/Grade \_\_\_\_\_  
 How did you hear about VPP? \_\_\_\_\_

**II. Parent/Guardian Information**

Parent 1 \_\_\_\_\_  
 Parent 2 \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact (other than Parent/Guardian) \_\_\_\_\_

Relationship \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Anyone else who may pick up your child \_\_\_\_\_

Check if participant

- MAY be photographed/recorded for publicity purposes. (names will not be used)
- MAY NOT be photographed/recorded for publicity purposes.

What performance/arts activities is your child most interested in?

\_\_\_\_\_

Is there any additional information about your child that would be helpful for us to know? (Allergies, health/physical issues, behavioral/learning issues)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

**III. Program Payment**

Payment may be made by check or through paypal.

Please make checks out to: Valley Performance Playground (264 Riverside Dr. Florence MA 01062)

Paid by check: \$ \_\_\_\_\_ Paid by paypal: \$ \_\_\_\_\_