



2024 WORKSHOP STUDENT INFORMATION

Please complete the following:

What workshop did you register for? _____

Child's Name: _____ DOB: _____ Age: _____

Child's Pronouns: _____

Parent or guardian's name: _____ Phone _____

Address: _____

Parent(s) &/or Child Email address: _____

Please indicate name associated with each email

Who will be dropping off and picking up your child before and after each workshop?

_____ (relationship to Child) _____

What school does your child attend? _____

What grade are they in? _____

Has your child ever attended a Theatre of Youth workshop? _____

If you remember, which and when? _____

Does your child have any allergies or medical condition our staff should be aware of?

Has your child been fully* vaccinated for COVID-19? (please circle) YES or NO

**Fully Vaccinated Definition by CDC: a person has received all recommended vaccines & boosters when eligible.*

Completed registration forms can be emailed to admin@theatreofyouth.org:

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