



2025 WORKSHOP STUDENT INFORMATION

What workshop did you register for? _____

Child's Name & Pronouns: _____

DOB: _____ Age: _____ Grade: _____

School: _____

Previous TOY Workshops attended: _____

Parent or guardian's name: _____ Phone _____

Address: _____

Email Address: _____

Authorized Contacts for Drop Offs & Pickups:

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

Comments, Concerns or Tips & Tricks to share with TOY to help the student succeed?

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

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