



The Ensemble Theatre
Young Performers Program
Summer Program

Child's Name _____ Age _____ Grade Level _____
First Time Participant _____ Returning Participant; attended which year(s) _____

All new applications are required to attend an interview prior to attendance.

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 6-July 1, 2016

Time: 8AM-4PM

Application Fee Payment (\$50.00) _____

Tuition Payment (\$550.00) _____

Extended Day Payment (\$100.00) _____

Session II _____

Dates: July 5 – July 30, 2016

Time: 8AM-4PM

Application Fee Payment(\$50.00) _____

Tuition Payment (\$550.00) _____

Extended Day payment (\$100.00) _____

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

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