

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. **Children between 6-8 years must submit birth certificate**

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 5-July 1, 2017

Time: 8AM-4PM

Application Fee Payment (\$50.00) \_\_\_\_\_

Tuition Payment (\$600.00) \_\_\_\_\_

Extended Day Payment (\$100.00) \_\_\_\_\_

**Session II** \_\_\_\_\_

Dates: July 5 – July 29, 2017

Time: 8AM-4PM

Application Fee Payment(\$50.00) \_\_\_\_\_

Tuition Payment (\$600.00) \_\_\_\_\_

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**