



THE ALEXANDER ROBERTSON AFTER SCHOOL DRAMA CLASSES

REGISTRATION FORM

Name of Child: _____ Grade: _____

Legal Guardians: _____

Email: _____ Phone: _____

Emergency Contact: _____

Contact info: _____

Will the student go to OASIS after drama class Tues or Fri: _____

Anyone not permitted to pick child up from school: _____

Other valuable information: _____

WELCOME TO JOIN THE FUN!