

**THE KELSEY E. COLLIE  
CHILDREN'S THEATRE EXPERIENCE**

**APPLICATION**

*Please Type or Print:*

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**TELEPHONE # HOME** \_\_\_\_\_

**PARENT/GUARDIAN (S)** \_\_\_\_\_

**WORK TELEPHONE # MOTHER** \_\_\_\_\_

**WORK TELEPHONE # FATHER** \_\_\_\_\_

**EMERGENCY CONTACT:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**DOES APPLICANT HAVE ANY OF THE FOLLOWING:**

Allergies yes \_\_\_ no \_\_\_

Physical handicaps yes \_\_\_ no \_\_\_

Dietary problems yes \_\_\_ no \_\_\_

Heart problems yes \_\_\_ no \_\_\_

Other disabilities yes \_\_\_ no \_\_\_

**If yes please indicate disability** \_\_\_\_\_

**If you are interested in CARPOOLING, sign your name here. This authorizes us to give your address and phone number to other interested parents.**

**LIST PREVIOUS ARTS TRAINING EXPERIENCE (i.e., acting, dance, creative writing, vocal training, etc.) AND/OR PERFORMANCE EXPERIENCE.**

**LIABILITY—KECCTE is not liable for accidents or injuries sustained before during or after participation in summer programs. DISCLAIMER—KECCTE reserves the right to modify curriculum and/or select instructors as necessary.**