

YES! AND...

Collaborative Arts iMagination Programming

SHDW UP ALC

TBC CBC

CHUMC 1 CHUMC 2

(office use only)

Summer Theatre Camp Registration Form

Camper's Name _____ Age _____

Birth date _____ Grade (completed in June) _____

(*please complete one form per child)

Parent/Guardian Names _____

Address _____

Home Phone Number(s) _____ - _____ - _____

_____ - _____ - _____

Work Number(s) _____ - _____ - _____

_____ - _____ - _____

Cell Number(s) _____ - _____ - _____

_____ - _____ - _____

Email _____

How did you learn about **Yes! And...** Summer Theatre Camp?

What, in this past year, has affected your child the most?

Does your child have an area of the arts that he/she is most interested in?
(circle as many as apply)

Acting

Visual Arts

Dance

Writing

Music

Other _____

What do you understand to be your child's greatest challenges?

Her/his greatest strengths?

What three words best describe your child?

**If you have any further questions,
please contact the Yes! And... office at
215.951.0330 x117**