Cornwall-on-Hudson PTO Drama Club Registration

Child's	Name
Grade_	Teacher
	'Guardian Name(s)
Parent/	'Guardian Email
Home F	Phone Cell Phone(s)
Allergie	es/Medications?
Is ther	re anyone with whom your child should NOT be permitted to go home?
	provide an emergency contact for your child (other than a parent.)
	Phone Cell Phone(s)
• II of s	ing this form, I agree to the following: I understand I must send a note to school each day my child is to stay for drama rehearsal everyday. I understand that I must meet my child inside the auditorium upon dismissal from Drama unless he or she has permission to walk home (please attach separate note.) I understand the Drama Club will rehearse on Tuesdays and Thursdays, but students will NOT be required to attend every rehearsal. I will send a substantial snack for my child on Drama Club days. I will reinforce to my child the importance of being respectful to fellow cast nates and parent volunteers. If my child cannot conduct himself/herself in a respectful and/or productive way, I may be required to attend rehearsals if my child is to continue in Drama.

Forms are due back no later than October 30th

Make checks out to COH PTO

Signature of Parent/Guardian____