



Winter 2025 Class Registration Form

Class(es) _____

Student Name _____

Student Grade _____

Student Age _____

Student Email _____

Student Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Parent/Guardian Phone Number _____

Allergies/Medications we should be aware of _____

Accommodations _____

Photo Permission: **Yes/N** -

Emergency Contact (non parent) _____

Please make check payable to Next Generation Theatre Foundation and mail to NextGen Theatre, 4040 Yorktown Dr, Upper Chichester PA 19061