

## 2024-25 YOUNG COMPANY INFORMATION FORM

\*PLEASE PRINT

NAME OF STUDENT:				
	School:			GRADE as of Sept. 1, 2024:
*a 3rd person we can call if we cannot reach the 1st or 2nd Parent/Guardian listed on the Registration Form				
Home Phone:	Mobile:			Business:
Does your child have any allergies, medical conditions or special needs? YES NO  If yes, please provide further details in the space below. You may also contact our Young Company director at:				
	Ms. April Perrin	youngcompar	ny@yestheatre.com	
Does the student have any drama or singing experience? Do they play a musical instrument? If yes, please elaborate.				
Has the student participated in anything involving dance or movement? If yes, please elaborate.				
Does the student have any other specials talents or skills you would like us to know about?				
<b>MEDICAL INFORMATION</b> *This information will be kept strictly confidential - for instructor use only.				
Family Physician:			Doctor's	Office Phone #
Child's Health Card #:				

Please return this Information form, along with the Student Registration Form, to r.mcintosh@yestheatre.com

Please contact Education Director Ralph McIntosh at 705 674 8381 ext 6 regarding any questions you may have about our programs.