2025-26 YOUNG COMPANY INFORMATION FORM

*PLEASE PRINT

NAME OF STUDENT: _____

School: _____ GRADE as of Sept. 1, 2025: _____

Emergency Contact: _____ Relationship to Student: _____

*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 youngcompany@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?

MEDICAL INFORMATION *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.