



INFORMATION SHEET

Email your completed form to: aprotopapas@catco.org

Child's Name: _____ Age: _____

Which session is your child is attending: FALL WINTER/SPRING SUMMER

Please list the name(s) of camps or classes:

PARENT/GUARDIAN CONTACT INFORMATION:

Please list phone numbers where parent/guardians can be reached while child is participating in this program.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

HEALTH INFORMATION:

- Please list any chronic physical problems or any history of hospitalization:

- Anything else about your child that you think we ought to know:

- If your child has any special needs, please list methods you use that will help your child have positive experience:

PHOTO RELEASE:

I agree to have my child photographed and/or video recorded during class sessions for promotional use by CATCO is Kids and CATCO is Theatre.

Parent/Guardian Signature: _____ Date: _____

Camper's T-shirt size: ADULT or YOUTH in one of the following S M L XL