

PopUp Playhouse Registration Form/Parent Contact Form

Parents please fill out information completely. Please print legibly.

Student's Name: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Actor's Phone Number: _____ Actor's Email Address: _____

Any allergies: _____

Prior Experience with Smiles and Frowns Playhouse: _____

Other information about your child that will help make this a positive experience for them:

Please complete fully and indicate which phone number and/or email is the best contact for parents and emergency contact.

Mother's Name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Email:** _____

Father's Name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Email:** _____

Emergency Contact Information if Parent/Guardian is Unavailable

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

I attest that my child is not currently exhibiting the symptoms of COVID-19 and has not been advised to quarantine by a health care provider or the health department or been exposed to someone who has tested positive for the virus within the last 14 days. I attest my child does not have a fever, chills, shortness of breath or difficulty breathing, new cough, or new loss of sense of taste or smell.

Signature

Date