



**Brick District Playhouse**  
**613 Court St.**  
**Fulton, MO 65251**

**BRICK DISTRICT  
PLAYHOUSE  
ENROLLMENT FORM**

**One form is required for each student.**

Mail or email this form to  
The Brick District Playhouse.  
Contact us with any questions or concerns.

[brickdistrictplayhouse@gmail.com](mailto:brickdistrictplayhouse@gmail.com)

[www.thebrickdistrictplayhouse.com](http://www.thebrickdistrictplayhouse.com)

573-220-1838

**Please select your shirt size:**

Kid size:

S M L

Adult size:

S M L XL XXL

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2021-2022 Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone Numbers: Home # ( ) Work # ( ) Cell # ( )

Parent/ Guardian Email: \_\_\_\_\_

*I give my permission to photograph my child for publicity and public access TV purposes.*

X \_\_\_\_\_  
(Parent/Guardian signature required)

DATE OF FIRST TRYPS INSTITUTE CLASS	CLASS TITLE	FEE
<b>TOTAL PAID</b>		

**PAYMENT INFORMATION**

Checks payable to:

**Brick District Playhouse**  
Or pay online at  
**thebrickdistrictplayhouse.com**

**CLASS SIZE & ENROLLMENT INFO**

1. Enroll early as class size is limited.
2. Classes will be cancelled if enrollment is less than six students
3. A full tuition reimbursement will be made to you if TRYPS cancels a class due to low enrollment.

We will contact you immediately in the unlikely event of a medical emergency.

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Allergies and any activities in which my child cannot participate:

Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

I authorize the program director to arrange emergency treatment by qualified personnel for my child.

X \_\_\_\_\_  
(Parent/Guardian signature required)

