



ATLANTIC for KIDS

Afterschool Spring 2010 registration form

Name: _____

Age as of Jan 1st: _____

Parent/Guardian: _____

D.O.B. _____

Email _____

Phone: _____

Address: _____

I would like to register my child for:

PERFORMERS (Ages 4, 5 & 6) \$350

- Monday** January 25 to April 19
(no class on 2/15, 3/29 & 4/5)
- Tuesday** January 19 to March 23

CREATORS (Grades 1, 2 & 3) \$375

- Monday** January 25 to April 19
(no class on 2/15, 3/29 & 4/5)
- Tuesday** January 19 to March 23

PERFORMANCE & PLAYWRITING \$375 (Grades 4, 5 & 6)

- Wednesday** January 20 to March 24

YOUNG ACTORS \$375 (Grades 7 & 8)

- Wednesday** January 20 to March 24

TEEN ACTING \$425 (Grades 9, 10, 11 & 12)

- Saturday** January 23 to March 27

For more information or to register your child over the phone call Heather at 646-216-1171 or email hbaired@atlantictheater.org

Completed forms may be mailed along with your \$100 non-refundable registration fee to Atlantic Acting School 76 Ninth Avenue, Suite 537 NYC 10011 Attn. Heather
Space is limited and filled on a first come, first serve basis.

CREDIT CARD PAYMENT

ENCLOSED PLEASE FIND A CHECK

(checks made payable to Atlantic Acting School)

Charge Amount: _____

Name on Card: _____

Card Code _____

Card Number: _____

Expiration: _____

_____ MasterCard _____ VISA

Billing

Address: _____