



## DCT Theatre School Enrollment Form

Email to Daniel Bryant-Gawne at [daniel.dct.edu@gmail.com](mailto:daniel.dct.edu@gmail.com) or bring completed form to  
The Black Box Theatre 318. E. Hickory  
or The Campus Theatre 214 W. Hickory

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is this the first time to enroll at DCTTS? \_\_\_ Yes \_\_\_ No (If no, please update any information that has changed since the last time this student was enrolled.)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Class Requested: \_\_\_\_\_ \$ \_\_\_\_\_ Date pd: \_\_\_\_\_

How did you hear about Theatre School?

\_\_\_ Newspaper      \_\_\_ E-mail from DCT      \_\_\_ Friend/Relative

\_\_\_ Other: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Are you interested in volunteering during this class or production?      \_\_\_yes      \_\_\_no

Special Needs/Known Allergies/Notes:

In case of emergency, call:

Name	Phone #	Relationship to Child
1. _____		
2. _____		

In the event of a medical emergency, if the persons listed above cannot be reached, I hereby authorize a staff member of Denton Community Theatre to give consent for medical treatment of my child (Section 35.01 Texas Family Code)

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Signature	Date
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I hereby give my approval for Denton Community Theatre to photograph and/or record my child for marketing, social media, and/or archival purposes.

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Signature	Date
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