



**A. C. T.
CLASS SIGN UP INFORMATION**

STUDENT'S NAME _____

PARENTS' NAMES _____

ADDRESS _____

HOME PHONE NUMBER _____

CELL NUMBER _____

E-MAIL _____

STUDENT'S BIRTHDAY _____

MAKE ALL CHECKS OUT TO AGOURA CHILDREN'S THEATRE OR SUSAN ELTON. THERE IS A \$50.00 REGISTRATION FEE AT TIME OF SIGNUP

AT THE BEGINNING OF EACH MONTH, THE CHECK OF \$130.00 IS DUE FOR THE CLASSES. THERE ARE NO MAKEUP CLASSES.

I agree to comply with the following:

All payments of \$130.00 will be made on the first Class Day of every month.

I agree to be financially responsible to pay for the entire Class Session up to the live performance.

To be on time to class and if I can't make the class, please contact Susan Elton at (818) 225-1459 or email: Susan@agourachildrenstheatre.com.

Parent's Signature: _____

Date: _____