

PETER WISE ACTORS STUDIO KIDS  
**ENROLLMENT INFORMATION**

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Group Level: \_\_\_\_\_

*(For Office Use Only)*

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**MEDICAL RELEASE FORM**

*Emergency Information must be provided for to attend class:*

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

Insurance/Medical Plan: \_\_\_\_\_ Policy Number# \_\_\_\_\_

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

**Please circle the following if they apply, please be specific:**

**Allergies**

Mental/Emotional Disorders

Attention Deficit Disorder

Learning Disorders

Hyperactive

Other medical conditions: \_\_\_\_\_

None

Please indicate all medications currently prescribed to your child:

\_\_\_\_\_

**I have read and understand Peter Wise Acting Studio (PWAS) enrollment information. I hereby give PWAS's personnel permission to see that I receive medical treatment in the event of an emergency. I will be financially responsible for all charges incurred in the rendering of emergency treatment, regardless of my medical insurance coverage.**

**Print Name:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

**DATE** \_\_\_\_\_