

**CONNECTICUT FAMILY THEATRE, INC.  
Registration Form**

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (h) \_\_\_\_\_

Phone (c) \_\_\_\_\_

Class Choice & Age group(s):

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\*Alternate Class Choice(s):

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Amount Due: \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

**A \$50.00 non-refundable deposit is required to hold a spot in the program (\$100.00 deposit for full day spring break or summer camp). Full payment is due one week prior to start date.**

No refunds for student cancellations. In the case of student cancellation, a class credit minus deposit will be issued. Classes are subject to cancellation if minimum enrollment is not reached. You will be notified 10 days prior to start date if a class is cancelled. If you do not choose to pick an alternate class, a full refund, including deposit will be issued.

Please mail registration with payment to:  
**Connecticut Family Theatre, 58 South Street, West Hartford, CT 06110**