



## CIDA Drama Club Registration (English)

<b>Participant Name</b>					
<b>Parent/guardian Name</b>					
<b>Tel No.</b>	Home		Cell		
<b>Address</b>					
<b>Email</b>					
<b>Participant's Date of Birth</b>	mm/dd/yyyy	Grade		School	
<b>Check Payment Option</b>	One Time payment (                    ) \$1,500 x1 Three Time Payment (                    ) \$500 x3				
<b>Payment</b>	Please make a check payable to:  CIDA 38-50 Bell BLVD. Suite A2 Bayside, NY 11361  Or, pay over the phone (Credit cards are accepted)				

**If your child is under 18 or has a disability, please complete the Parent Consent Form.**

**Thank you !**

Participant / Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_