

**Registration Form:**

**Wheelock Family Theatre CLASS REGISTRATION**

Class choice(s):

---

---

Name of child:

---

Age of child: \_\_\_\_\_

Parent Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address

---

Email Address:

---

---

Credit Card # (VS or MC) \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Check enclosed made payable to: Wheelock Family Theatre

Return this form to:

WFT Education Programs  
Wheelock Family Theatre  
200 The Riverway  
Boston, MA 02215