Cornerstone Classical Academy Musical Theater Program 2026

Please complete all parts of this form and return it to the lower school front office (Mrs. Carter)

Rehearsals will take place on Mondays & (some) Thursdays 3:40-5:30pm. A call schedule will go out at least 1 month in advance, every month. January-April 2026.

Please use this Remind Code to join our class for vital information throughout the season.

Last Name: First Name:		
		Sex:
Prior Theater Experien	ce (roles played):	
Type of Role Preferenc	e: (circle all that apply	(a) Lead Role Supporting Role Minor Role(singing) Minor Role (non-singing) Ensemble Role
students' role preferences to casting decisions will be bas	o help understand their sed on the overall skill s	from most to least desirable. Directors would love to know the interest and comfort level. However, please note that all final set, strengths, and needs of the ensemble to ensure a successful is essential to bringing our performance to life!)
1 2 3 4		
Parent/Guardian Infor		
(Primary Guardian) La	st Name:	First Name:
Email:		Phone Number:
(Secondary Guardian)	Last Name:	First Name:
Email:		Phone Number:

Student Medical Information			
Are any medical conditions we need to be aware of?			
If yes, please specify emergency plan information:			
Please list any food allergies or sensitivities:			
·			
(Primary) Guardian Full Name:			
(Primary) Guardian Signature:			