



# Tater Patch Players

## Application for Home School Group

Applications will be accepted on a first come/first served basis. No more than 15 children will be accepted, ages 8-18. There is a \$20 nonrefundable application fee for each child, payable by check mailed to Tater Patch Players PO Box 267 Jasper GA 30143 or by check or cash hand delivered to 95 Philadelphia Lane, Jasper, on Monday between 10 AM and 1PM. Tuition is \$200 for the first child in the family and \$150 for any siblings. Tuition is due the first day of class. Cash and checks are accepted. Checks may be payable to Tater Patch Players.

### Applicant Information

Child's Full Name: \_\_\_\_\_  
 \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
 \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City State ZIP Code*

Parent Phone: \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_

Child Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Emergency Information – Please List Two

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Medical Information

Health Concerns: \_\_\_\_\_

Allergies Please list: \_\_\_\_\_

\_\_\_\_\_

MEDICAL RELEASE STATEMENT: I hereby authorize Tater Patch Players to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I will assume full responsibility for all charges related to above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Pick Up Authorization

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date/Time Application Accepted \_\_\_\_\_ By \_\_\_\_\_