

# REGISTRATION FORM

First Stage Theater Academy School Year 2010-2011

## Register online at [www.FirstStage.org](http://www.FirstStage.org)

Please print clearly and duplicate this form to enroll more than one child in a family. Any omitted information below will delay registration and jeopardize your chances to enroll in the class before it fills.

**Promotional Code** (on mailing panel)

**Complete your personal information**

Student's Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender (Circle one) M F Student's Ethnicity: (Optional, grant reporting purposes only) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ MPS Yes  No  Grade in Fall of 2010 \_\_\_\_\_ School in Fall of 2010 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

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

**Please list the classes you want to take by class code, title and semester:**

Class Code/Name: \_\_\_\_\_ Select Semester/s  Fall  Winter  Spring Tuition \$ \_\_\_\_\_

Class Code/Name: \_\_\_\_\_ Select Semester/s  Fall  Winter  Spring Tuition \$ \_\_\_\_\_

Class Code/Name: \_\_\_\_\_ Select Semester/s  Fall  Winter  Spring Tuition \$ \_\_\_\_\_

Class Code/Name: \_\_\_\_\_ Select Semester/s  Fall  Winter  Spring Tuition \$ \_\_\_\_\_

**Every new student will receive a T-shirt on their first day of class.**

### TUITION

Tuition must be paid in full on date of receipt, unless signing up for automatic payment. If signing up for automatic payment, (a deposit of \$35.00 PER CLASS is due on date of registration.) Tuition will be deducted one week prior to first day of class. You may change the credit card payment method on or before due date, if need be.

**Check Yes or No** (Questions 1-2)

1. I grant permission to print a promotional photo of my child for use in marketing materials.

Yes  No

2. This is my child's first Academy class of any kind.  Yes  No

• If you answered "yes" to #2, you must add a \$20 new student fee to your total.

**Tuition**

Class tuition total . . . . . + \$ \_\_\_\_\_

New Student (one-time application fee \$20) . . . . . + \$ \_\_\_\_\_

Please accept my donation to the ACADEMY SCHOLARSHIP FUND . . . . . + \$ \_\_\_\_\_

**Order for extra merchandise** (Optional)

Qty.	Merchandise	Price	Size(s)	Total (Qty. x Price)
_____	T-shirt	\$10	_____	\$ _____
Merchandise Total (T-shirts).				+ \$ _____

**Grand total** . . . . . = \$ \_\_\_\_\_

OR

Automatic charge payment (\$35 PER CLASS due now and remainder will be charged one week prior to first day of class) . . . . . = \$ \_\_\_\_\_

**Circle Payment Method:**

MasterCard      Visa      Discover      American Express      Personal Check

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

# REGISTRATION FORM CONT.

## Emergency Contact Information

**Please provide Emergency Contact information for someone other than parent.**

Emergency Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Emergency Contact Relation to Child \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Type \_\_\_\_\_

Emergency Phone (alternate) \_\_\_\_\_ Type \_\_\_\_\_

Parent Place of Employment \_\_\_\_\_

If your child has any medical conditions we should be aware of, please disclose them below. Please also list any potential emotional issues or special needs so that we can best serve your child.

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### **MUST BE SIGNED TO PARTICIPATE**

As a condition to my child's participation in the First Stage Theater Academy, I hereby release and hold harmless First Stage Theater Academy, First Stage Milwaukee, Inc., the Milwaukee Youth Arts Center, the Broadway Theatre Center, Sharon Lynne Wilson Center, Oconomowoc Arts Center, and all of their respective owners, employees, agents and representatives, from and against all claims, damages and other liabilities whatsoever, including but not limited to personal injury, illness or property damage, which relate in any way to my child's participation in the First Stage Theater Academy.

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
date

### **Please mail to:**

First Stage Theater Academy 325 W. Walnut St. Milwaukee, WI 53212 or fax to: (414) 267-2976

### **Questions?**

Call (414) 267-2970 or email [academy@firststage.org](mailto:academy@firststage.org)