

# REGISTRATION FORM

FIRST STAGE THEATER ACADEMY SCHOOL YEAR 2011-2012

## 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 2011 \_\_\_\_\_ School in Fall of 2011 \_\_\_\_\_

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.

### 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

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 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.

### Tuition

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

### Donation

Tax deductible donation to the ACADEMY SCHOLARSHIP FUND. .... + \$ \_\_\_\_\_  
(gifts of \$100 and up will be acknowledged in the playbill.)

### 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 continued on next page.

# REGISTRATION FORM

## Emergency Contact Information

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

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

Emergency Contact Relation to Student \_\_\_\_\_

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

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

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

If your student has any medical conditions we should be aware of disclose them below. Please also list any potential emotional issues or special needs so that we can best serve your student. Our staff will keep the information confidential and will be better prepared to make the session more enjoyable for your student.

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### MUST BE SIGNED TO PARTICIPATE

As a condition to my student'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, 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 student'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)