

FIRST STAGE THEATER ACADEMY SCHOOL YEAR 2017-2018
REGISTER ONLINE TODAY AT 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 up.

COMPLETE YOUR PERSONAL INFORMATION

Student's Name (First) _____ (M.I.) _____ (Last) _____
 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 Spring Break Tuition \$ _____
Class Code/Name: _____
 Select Semester/s Fall Winter Spring Spring Break Tuition \$ _____
Class Code/Name: _____
 Select Semester/s Fall Winter Spring Spring Break Tuition \$ _____
Class Code/Name: _____
 Select Semester/s Fall Winter Spring Spring Break Tuition \$ _____

EVERY NEW STUDENT WILL RECEIVE A T-SHIRT ON THEIR FIRST DAY OF CLASS.

This is my child's first Academy class of any kind. Yes No
If you answered "yes," you must add a \$20 new student fee to your total. Returning students should wear a t-shirt from a previous Academy class, or you may purchase extra t-shirts below.

TUITION

Class tuition total+ \$ _____
 New Student (one-time application fee \$20)+ \$ _____
 Spring Break Extended Care - \$50 per week+ \$ _____

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+ \$ _____

- Full payment enclosed
- Automatic charge payment (\$35 PER CLASS due now and remainder will be charged one week prior to first day of the session)

Circle Payment Method:

MasterCard Visa Discover American Express Personal Check

Name _____

Signature: _____

Card# _____ Expiration Date ____ / ____

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 the session. You may change the credit card payment method on or before due date, if need be.

FIRST STAGE THEATER ACADEMY SCHOOL YEAR 2017-2018
(CONTINUED)

Gender (Circle one) M F Date of Birth ___ / ___ / ___ MPS Yes No Grade in Fall of 2017 _____

School in Fall of 2017 _____

Student has permission to: ride bus bicycle drive walk

Student's Ethnicity (optional—for grant reporting purposes only): Asian / Pacific Islander Black or African American
 Latinx Native American or American Indian White Opt Out Other _____

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 student 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 student. Our staff will keep the information confidential and be better prepared to make the session more enjoyable for your student.

First Stage occasionally takes photos and/or video of our Theater Academy classes for promotional use.

Check here if you do NOT want your child's image used in our promotional materials.

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 Sharon Lynne Wilson Center for the Arts, the Academy of Performing Arts, 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