

# FIRST STAGE THEATER ACADEMY

# NEXT STEPS

## 2018-19 SCHOOL YEAR

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

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_    Milwaukee Public School?     Yes     No

Grade \_\_\_\_\_    School \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Parents/Guardian name(s) \_\_\_\_\_

**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.*

CLASS	GRADE LEVEL	TIME	LOCATION	TUITION
<input type="checkbox"/> ACTING	3-5	1:00-2:15PM <i>Circle all applicable: Fall Winter Spring</i>	MYAC	\$160
<input type="checkbox"/> ACTING	6+	2:30-3:45PM <i>Circle all applicable: Fall Winter Spring</i>	MYAC	\$160
<input type="checkbox"/> MUSICAL THEATER	3-5	2:30-3:45PM <i>Circle all applicable: Fall Winter Spring</i>	MYAC	\$160
<input type="checkbox"/> MUSICAL THEATER	6+	1:00-2:15PM <i>Circle all applicable: Fall Winter Spring</i>	MYAC	\$160
<input type="checkbox"/> SPRING BREAK	3+	9:00AM-12:00PM <i>Circle all applicable: Fall Winter Spring</i>	MYAC	\$200

**CHECK PAYMENT METHOD:**

- MasterCard
- Visa
- Discover
- American Express
- Personal Check
- Waiver Payment

*Service Coordinator Name and Contact Information*

\_\_\_\_\_  
\_\_\_\_\_

Name

Signature

Card#

Expiration Date \_\_\_\_ / \_\_\_\_

*Financial assistance is available. Please contact the Academy office at (414) 267-2970 or academy@firststage.org for more information*

**TUITION**

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

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

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

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

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 (\$75 due now and remainder will be charged on Friday, June 1, 2018)



# FIRST STAGE THEATER ACADEMY **NEXT STEPS** 2018-19 SCHOOL YEAR

## 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 disclose them below. Our staff will keep the information confidential and will 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, Sharon Lynne Wilson Center for the Arts, the Jewish Community Center (JCC), 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) 267-2975 OR EMAIL NEXTSTEPS@FIRSTSTAGE.ORG**



FIRST STAGE THEATER ACADEMY **NEXT STEPS**  
2018-19 SCHOOL YEAR

STUDENT INFORMATION (for office use only)

Student Name: \_\_\_\_\_ Constituent ID: \_\_\_\_\_

**MEDICAL AND BEHAVIORAL SURVEY**

1. Does your child have a diagnosed disability? \_\_\_\_\_

2. What are your child's areas of strength? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Some things that help your child do his or her best are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. How does your child best communicate with others?**

\_\_\_\_\_ Spoken language      \_\_\_\_\_ Sign language      \_\_\_\_\_ Written language      \_\_\_\_\_ Communication device

Combination of the above (please describe): \_\_\_\_\_  
\_\_\_\_\_

**5. Does your child have any of the following sensory sensitivities?**

\_\_\_\_\_ Visual      \_\_\_\_\_ Auditory      \_\_\_\_\_ Smells      \_\_\_\_\_ Touch      \_\_\_\_\_ Taste

\_\_\_\_\_ Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of adaptations have helped with these sensitivities in the past? \_\_\_\_\_  
\_\_\_\_\_

**6. What behaviors related to autism spectrum disorder are we most likely to see at First Stage?**

\_\_\_\_\_  
\_\_\_\_\_

Are there triggers for these behaviors?

\_\_\_\_\_ Sensory sensitivity      \_\_\_\_\_ Change in schedule or routine      \_\_\_\_\_ Social attention      \_\_\_\_\_ Escape a boring task

\_\_\_\_\_ Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

In your experience, what are the best ways to cope with these challenges and get your child back on task?  
\_\_\_\_\_  
\_\_\_\_\_

7. When your child is starting to get agitated, what will your child do? \_\_\_\_\_  
\_\_\_\_\_

What helps calm him/her down? \_\_\_\_\_  
\_\_\_\_\_

8. Is your child susceptible to wandering, elopement and/or fleeing incidents? If so, are there any safety measures in place that are currently being utilized at home, school, or in the community? \_\_\_\_\_  
\_\_\_\_\_

9. Does your child need toileting assistance? \_\_\_\_\_  
\_\_\_\_\_

10. Is there anything else you think we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FIRST STAGE THEATER ACADEMY **NEXT STEPS**

## 2018-19 SCHOOL YEAR

### LIFE SKILLS SURVEY

#### 1. Emotion Recognition

*Definition: the ability to identify and label an emotion (either in self or others).*

Emotion recognition may look like, but is not limited to: self-awareness, self-regulation, labeling emotions ex. "I feel angry" or "why is she feeling sad?", recognition that emotions are temporary, acceptance of present emotions.

On a weekly basis, my child currently exhibits signs of emotion recognition (CIRCLE ONE):

0	0-3	3-5	5-10	10+
TIMES	TIMES	TIMES	TIMES	TIMES

Recurring acts of emotion recognition that my child exhibits: \_\_\_\_\_

I would like to see improvement in my child's emotion recognition in the way of:

- Self-awareness  
  Self-regulation  
  Labeling emotions  
  Recognition of temporary emotions  
  Acceptance of present emotions  
 Other \_\_\_\_\_

#### 2. Communication

*Definition: the ability to share thoughts or information with another.*

Communication may look like, but is not limited to: verbal language, body language, facial expression, written text, operating a language device. Communication can occur through independent initiation or prompted conversation. Communication can include having self-awareness and awareness of others in choosing appropriate conversation topics, staying on topic, and taking turns.

On a weekly basis, my child currently exhibits signs of communication (CIRCLE ONE):

0	0-3	3-5	5-10	10+
TIMES	TIMES	TIMES	TIMES	TIMES

Recurring acts of communication that my child exhibits: \_\_\_\_\_

I would like to see improvement in my child's communication in the way of:

- Verbal  
  Body language  
  Facial expressions  
  Written  
  Language device  
  Independent initiation  
 participating in prompted conversation  
  Taking turns  
  Staying on topic  
  Choosing appropriate topics  
 Other \_\_\_\_\_

#### 3. Emotion Expression

*Definition: sharing feelings externally.*

Emotion recognition may look like, but is not limited to: body language, facial expression, vocal intonation/inflection, gestures, proximity, volume, creative outputs.

On a weekly basis, my child currently exhibits signs of emotion expression (CIRCLE ONE):

0	0-3	3-5	5-10	10+
TIMES	TIMES	TIMES	TIMES	TIMES

Recurring acts of emotion expression that my child exhibits: \_\_\_\_\_

I would like to see improvement in my child's emotion expression in the way of:

- Body language  
  Facial expressions  
  Vocal intonation/inflection  
  Gestures  
  Proximity  
  Volume  
 Creative outputs  
  Other \_\_\_\_\_

# FIRST STAGE THEATER ACADEMY **NEXT STEPS** 2018-19 SCHOOL YEAR

## LIFE SKILLS SURVEY (CONT.)

### 4. Empathy

*Definition: holding an awareness and understanding of other people's emotions and experiences, and having an acceptance of others' ideas/emotions/truths.*

Empathy may look like, but is not limited to: sensitively recognizing that we all see the world differently, connecting what they feel from past experiences to someone else's experiences, holding space for others to feel what they are feeling, acceptance of other's ideas/emotions/truths, acting upon the connection vocally ex. "it's okay" or "thank you for telling me", acting upon the connection physically ex. reaching out to hold someone's hand or patting someone else on the back.

On a weekly basis, my child currently exhibits signs of empathy (CIRCLE ONE):

0	0-3	3-5	5-10	10+
TIMES	TIMES	TIMES	TIMES	TIMES

Recurring acts of empathy that my child exhibits: \_\_\_\_\_

\_\_\_\_\_

I would like to see improvement in my child's empathy in the way of:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sensitivity to differences                  | <input type="checkbox"/> Connecting past emotions to present emotions | <input type="checkbox"/> Holding space   |
| <input type="checkbox"/> Acceptance of other's ideas/emotions/truths | <input type="checkbox"/> Vocal action                                 | <input type="checkbox"/> Physical action |
| <input type="checkbox"/> Other _____                                 |   |  |

### 5. Confidence

*Definition: a feeling or consciousness of one's powers or abilities.*

Confidence may look like, but is not limited to: positive self-talk and self-encouragement, using self-affirmations (vocally or physically), comfort in being "in the spotlight", wanting to share their work/accomplishments/talents with others, showing pride for successes, desire for growth.

On a weekly basis, my child currently exhibits signs of confidence (CIRCLE ONE):

0	0-3	3-5	5-10	10+
TIMES	TIMES	TIMES	TIMES	TIMES

Recurring acts of confidence that my child exhibits: \_\_\_\_\_

\_\_\_\_\_

I would like to see improvement in my child's confidence in the way of:

- |   |  |
|---|--|
| <input type="checkbox"/> Positive self-talk, -encouragement, -affirmations      | <input type="checkbox"/> Comfort in being in the spotlight |
| <input type="checkbox"/> Wanting to share their work with others                | <input type="checkbox"/> Showing pride for successes       |
| <input type="checkbox"/> Desire for growth <input type="checkbox"/> Other _____ |  |