

# FIRST STAGE THEATER ACADEMY SUMMER 2019

## 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 \_\_\_\_\_

## CHECK YES OR NO

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.
- If you answered "yes," you are encouraged to choose one NEW STUDENT ORIENTATION SESSION (see listing on page 5 for options).

NEW STUDENT ORIENTATION DATE: \_\_\_\_\_ LOCATION \_\_\_\_\_

## CLASS SELECTION (Please see "Class Listing" Pages):

- Please indicate choices in order of your preference.
- If your first choice is not available at time of registration, you will be registered in the next available choice noted.
- In the event that all choices are filled, you will be placed on a wait list for the first choice.

### 1<sup>ST</sup> Choice

Class Code \_\_\_\_\_ Class Description \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_ Tuition \$ \_\_\_\_\_

### 2<sup>ND</sup> Choice

Class Code \_\_\_\_\_ Class Description \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_ Tuition \$ \_\_\_\_\_

### 3<sup>RD</sup> Choice

Class Code \_\_\_\_\_ Class Description \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_ Tuition \$ \_\_\_\_\_

## CHECK PAYMENT METHOD:

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Card#

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

## TUITION

Class tuition total . . . . . + \$ \_\_\_\_\_  
New Student (one-time application fee \$20) . . . . . + \$ \_\_\_\_\_  
Extended Care . . . . . + \$ \_\_\_\_\_  
    \_\_\_\_ K-4 Morning      \_\_\_\_ K-12 Afternoon  
    \_\_\_\_ 5-12 Morning

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

Each student will receive one T-shirt.

Order for extra T-shirt (Optional)

Qty.	Merchandise	Price	Size(s)	Total (Qty. x Price)
____	T-shirt	\$10	____	\$ _____
Merchandise Total (T-shirts) . . . . .				+ \$ _____
<b>Subtract Sibling Discount (per class per student) \$20 . . . . .</b>				<b>- \$ _____</b>
GRAND TOTAL . . . . .				= \$ _____

Full Payment enclosed

Automatic charge payment (\$75 due now and remainder will be charged on Friday, June 14. Please provide credit card that expires June 2019 or later.)

Please note: Class prices are subject to change.

**REGISTER ONLINE TODAY AT WWW.FIRSTSTAGE.ORG!**

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(CONTINUED)

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

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ MPS  Yes  No Grade in Fall of 2019 \_\_\_\_\_ School in Fall of 2019 \_\_\_\_\_

Student has permission to:  ride bus  bicycle  drive  walk

If enrolled, I would like my child to be a part of the carpool list.  Yes  No

## 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 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 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)**