

FIRST STAGE THEATER ACADEMY SCHOOL YEAR 2019-2020  
**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 \_\_\_\_\_

**PROMO CODE** (on mail panel), if applicable \_\_\_\_\_

**PLEASE LIST THE CLASSES YOU WANT TO TAKE BY CLASS CODE, TITLE AND SEMESTER:**

**Class Name:** \_\_\_\_\_  
 Select Semester/s  Fall  Winter  Spring Performance Class  School Year Intensives . . . . . Tuition \$ \_\_\_\_\_

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 Select Semester/s  Fall  Winter  Spring Performance Class  School Year Intensives . . . . . Tuition \$ \_\_\_\_\_

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

**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)

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.

**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 \_\_\_\_ / \_\_\_\_

FIRST STAGE THEATER ACADEMY SCHOOL YEAR 2019–2020  
**(CONTINUED)**

Gender \_\_\_\_\_ 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

Student's Ethnicity (optional—for grant reporting purposes only): \_\_\_\_\_  Opt Out

**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, 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)**