

SUMMER MUSICAL THEATRE WORKSHOPS

enrollment form

Student Name: _____ Birth Date: _____ Grade: _____ M / F

Mother's Name: _____ Father's Name: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Mother's e-mail: _____ Cell: _____ Work/Home #: _____

Father's e-mail: _____ Cell: _____ Work/Home #: _____

Emergency Contact: *(other than parents)* _____ Relationship: _____

Cell: _____ Work/Home #: _____

Please check desired session

Session I: JULY 5 - 16, 2010

Session II: JULY 19 - 30, 2010

THEATRE ARTS POLICIES

Payment

To secure a space in a class, full payment is required upon Enrollment Form and Release/Indemnity Agreement submission.

Refunds/Cancellations

If you cancel before the first class, the full tuition will be reimbursed, minus a \$60 admission fee. After the first class there will be no refunds. Students who are asked to leave the program due to unacceptable conduct will not receive a refund.

Cancellation by ECPA

We reserve the right to cancel a class if enrollment is insufficient. Any tuition paid will be refunded in full.

Class Notification

Upon full payment, a written confirmation will be mailed. All workshop materials will be given out the first day of class.

Drop Off and Pick Up

A parent or legal guardian must pick up and drop off all children. If someone other than a parent is to pick up the child, written permission must be submitted PRIOR by the parent.

Footwear

Although we require no special footwear, we ask that all children wear tied shoes (no sandals or flip-flops), as they may be dancing.

PAYMENT

Credit Card#: _____ Type of CC: _____

Exp Date: _____ Security#: *(on back)* _____

Signature: _____

Credit Card payments can be faxed to (203) 365-4858.

Please make checks payable to Sacred Heart University, and mail to:

Edgerton Center for the Performing Arts
 5151 Park Avenue, Fairfield, CT 06825

Enrollment Check List

Enrollment Form completed & signed, Release and Indemnity Agreement signed and dated, Medical Form completed, and Full Payment

I have read and fully understand the terms and conditions of this Enrollment Form, and hereby voluntarily enroll my child for participation in Theatre Workshop in accordance with the terms and conditions of this form.

QUESTIONS? Call Leonor at 203.371.7909

 Signature of Parent / Legal Guardian

 Date