

THE NEW ACTING COMPANY FALL/SPRING REGISTRATION FORM

Completely fill out this form and place your initials inside all boxes that apply to your student. Attach payment in full to reserve a space in class.

Classes fill on a first pay, first serve policy.

*** Make checks payable to: The Children's Aid Society.**

Student's Name: _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Home Number: _____ Date of Birth: _____ AGE(Y/M): _____ SEX: _____

School: _____ Teacher: _____ Grade: _____

Parent's Name: _____ Daytime Phone #: _____

Parent's Name : _____ Daytime Phone #: _____

Emergency Name: _____ Emergency Phone #: _____

Only an authorized person can sign-out a child. All authorized persons should be written on this registration form. If someone arrives to sign-out a child whom the teacher is not familiar with, that person will be asked to show I.D. in order to verify that they are listed as an authorized sign-out person. **If they do not have I.D. or if an unauthorized adult comes to sign out the child, the student must remain with the teacher until the parents are contacted and give verbal authorization for their child to be released.**

Person(s) Authorized to Pick-Up Child:

(1) _____	Phone # _____
(2) _____	Phone # _____
(3) _____	Phone # _____
(4) _____	Phone # _____

(If I initial this box)...**I give Permission for my child to go home alone.**

(If I initial this box)...**My student will be attending AFTERHOURS**

Physician's name: _____ Phone #: _____

Important Medical Information (List any restrictions, problems, allergies): _____

(If I initial this box)...**I agree that photographs of this student taken during school hours may be used for promotional purposes by The New Acting Company, but will not be used by other organizations without additional written consent.**

Title of Class	Day	Section	Age	Class Fee
WALKOVER/BUS PICK-UP				(Circle) 50.00
10% Discount for Siblings				

Refund policy is a full refund if class is cancelled. A Refund less \$70 anytime through first class.

TOTAL:

I, the undersigned parent or guardian of this student, a minor, have read and understand the policies and procedures of The New Acting Company. I abide by all cancellation, refund, sign-out, pick-up and role assignment policies and hereby authorize the directors, administrators and teachers of The Childrens Aid Society as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge The Children's Aid Society and The New Acting Company from any and all claims for personal injuries.

Signature: _____ **Date:** _____