



**SPRING 2018  
BROADWAY BITES ENROLLMENT**

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Student's First Name	Last Name	Preferred Name
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Date of Birth/Age	Student's Email Address	Student's Cell Phone
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Home Address	City	State	Zip Code
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Name of School/College/University	Grade
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Mother's Name	Cell Phone	Occupation
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Father's Name	Cell Phone	Occupation
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Mother's E-mail	Father's E-mail
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My child is allowed to leave the theatre without adult supervision: ☐ YES ☐ NO

**Emergency Contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Medical Information:**

Name of Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Area Stage Co. staff will not dispense any medication. Student must be able to administer medication to him-/herself. Please list all medications that the student is permitted to take:

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Special problems or allergies:

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**IMPORTANT INFORMATION:**

**Registration fee:** \$250/week, due by March 16 for Week 1, due by March 23 for Week 2

*\*Sibling discount: \$225/week per additional sibling.*

**Days:** Mondays-Fridays

**Times:** 9:00 AM-2:00 PM

*\*FREE early drop-off allowed as early as 8:00 AM.*

I am interested in aftercare (available until 5:00 PM): ☐ YES ☐ NO

*\*Aftercare is \$10/day until 5:00 PM. Late pick-up available until 5:30 PM.*

**Please select which week your child would like to register for:**

Week	Dates	
1	March 19-23	<input type="checkbox"/>
2	March 26-30	<input type="checkbox"/>

**FORM OF PAYMENT:**

CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP. \_\_\_\_\_ SEC CO. # \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

Charge my card automatically? ☐ YES ☐ NO

\* \* \*

I certify that I have read and agree to the following Terms of Participation (page 3) in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

**Please bring in completed form to ASC or email scanned copy to  
[frontdesk@areastagecompany.com](mailto:frontdesk@areastagecompany.com).**



## TERMS OF PARTICIPATION

I grant permission to the Area Stage Company (ASC) staff to act as kind and judicious parents for the duration of my child's enrollment. My child may participate in any activities organized by ASC. Permission is granted to ASC to call 911 in case the parents cannot be reached.

I understand that training, rehearsals, and other physical activities might involve risks. These risks include but are not limited to: illness, weather, personal property loss by theft or damage, or other conditions beyond the control of ASC. I understand the nature of this program and its activities and voluntarily accept these risks and waive any and all claims I might now or in future have against ASC, its agents, and contract staff and release the aforementioned entities from any and all liability.

Participants are not allowed to behave in a manner that is counterproductive, offensive, disrespectful, or otherwise detrimental to maintaining standards or a successful operation of the program. Violations of these guidelines will result in dismissal at the sole discretion of ASC without reimbursement and with additional expenses charged to and paid for by parent/guardian. In the event of such dismissal, the parent/guardian is responsible for the timely/immediate removal of the dismissed student from the ASC program. Students who are dismissed from the program for any of the aforementioned reasons will not be accepted back. Directions and policies set forth by staff for the safety, health, and well-being of all participants will be followed at all times.

I give permission to ASC to use my child's picture and images derived from his/her activities at ASC, and I agree that any photographs/video taken by ASC that include the participation/statements by the student may be used in promoting the program.

***I understand that payment must be made prior to the week's activities, and the student will not be allowed to participate until payment is received. Payment for a weekly Broadway Bites is not refundable or transferrable, so missed days(s) will not receive a credit. Exceptions might be made in the case of a documented medical leave.*** It is the responsibility of students to arrive on time as tardiness disrupts activities. We ask students to commit to the whole week, which will allow activities to be fully engaging for all.

Checks are payable to Area Stage Company. We accept cash and credit/debit cards. There is a 3.5% processing fee for credit/debit cards. ASC offers full and partial scholarships to meritorious students who are in financial need. Please ask the front desk or visit our website for the scholarship form.

ASC provides a professional theatre experience for students in an environment that promotes respect for the theatre and others. Each student's conduct, preparedness, and attendance will be evaluated by the director. This evaluation will influence future participation in ASC.

I have read and agree with all Terms of Participation and other provided information.