

# MUSICAL THEATRE WORKS

## -SUMMER 2010 REGISTRATION FORM-

STUDENT'S NAME (*Please PRINT*)

GRADE (in Fall 2010)

SCHOOL

_____	<b>SUMMER PROGRAM #1</b> (Three-weeks - June 14-July 2, 2010)	<b>\$1,190.00</b>
_____	<b>SUMMER PROGRAM #2</b> (Three weeks - July 5-July 23, 2010)	<b>\$1,190.00</b>
_____	<b>SUMMER PROGRAM #3</b> (Three weeks - July 26-August 13, 2010)	<b>\$890.00</b>
_____	<b>SUMMER PROGRAM #4</b> ( <u>Two</u> weeks - August 16-August 27, 2010)	<b>\$595.00</b>

**\*\*STUDENTS MAY ENROLL IN ONE OR MORE PROGRAMS\*\***

**\* A DEPOSIT OF \$200.00 IS REQUIRED TO RESERVE YOUR CHILD'S SPACE IN MTW\***

**CANCELLATION/REFUND POLICY:** Deposits are not refundable after JUNE 4, 2010. If you cancel before classes begin, we will refund tuition less a \$50.00 processing fee and deposit. After the first day of classes, no refunds will be given.

**PLEASE MAKE CHECKS PAYABLE TO 'MUSICAL THEATRE WORKS', AND WRITE YOUR CHILD'S NAME AND 'SUMMER PROGRAM' ON THE CHECK.** Mail your payment, registration and emergency information forms, in the enclosed envelope, as soon as possible.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

=====

I wish to pay by check: AMOUNT ENCLOSED: \$ \_\_\_\_\_

I wish to pay by Credit Card: (**Visa or Mastercard**) - A 3% processing fee will be applied to all credit card orders).

CREDIT CARD # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP. DATE \_\_\_\_\_ / \_\_\_\_\_ **BILLING** ZIP CODE \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

=====

\_\_\_\_\_ I WOULD LIKE TO APPLY FOR FINANCIAL ASSISTANCE. PLEASE SEND ME THE FORMS.

\_\_\_\_\_ I WOULD LIKE TO REQUEST A PAYMENT PLAN (CREDIT CARD PAYMENTS REQUIRED)

=====

OFFICE USE ONLY

TOTAL TUITION: \$ \_\_\_\_\_ DEPOSIT RECEIVED: \$ \_\_\_\_\_ TUITION BALANCE: \$ \_\_\_\_\_

# MUSICAL THEATRE WORKS

## -EMERGENCY INFORMATION FORM-

**\*\*\* PLEASE PRINT \*\*\***

**ALL INFORMATION IN BLACK INK**

(All new, as well as returning, students need to submit this form)

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
1. PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
ADDRESS, CITY AND ZIP CODE

\_\_\_\_\_  
PARENT/GUARDIAN'S HOME PHONE NUMBER

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
CELL OR PAGER NUMBER

\_\_\_\_\_  
2. PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
ADDRESS, CITY AND ZIP CODE (IF SAME, WRITE 'SAME')

\_\_\_\_\_  
PARENT/GUARDIAN'S HOME PHONE NUMBER

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
CELL OR PAGER NUMBER

\_\_\_\_\_  
\*PARENT/GUARDIAN'S E-MAIL ADDRESS--PLEASE PRINT CLEARLY\*

\_\_\_\_\_  
STUDENT E-MAIL ADDRESS (if available)

**PERSON(S) TO NOTIFY IN AN EMERGENCY:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

CHILD'S DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**ACTION TO BE TAKEN (for major illness/injury) if parent cannot be reached:**

\_\_\_\_ TAKE CHILD TO EMERGENCY HOSPITAL

\_\_\_\_ I GIVE PERMISSION FOR MY CHILD RE RECEIVE MEDICAL TREATMENT

\_\_\_\_ DO **NOT** TAKE CHILD TO EMERGENCY HOSPITAL

\_\_\_\_ OTHER INSTRUCTIONS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY FOOD/DRUG ALLERGIES? IF YES, DESCRIBE: \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, DESCRIBE: \_\_\_\_\_

**BESIDES PARENT/GUARDIAN(S), THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD(REN) FROM MTW:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP