

TEMPLE ACADEMY

Fall 2017 Drama Class Registration

Student name: _____

Date of Birth: _____ Grade: _____ Gender: _____

Parent name (if student is under 18): _____

Address: _____

Email: _____

Phone: _____

Emergency Contact (name and phone):

Medical/developmental concerns: _____

CLASSES:

- | | |
|--|---------------------------|
| <input type="checkbox"/> Kindergarten-3 rd Grade (Wednesdays 4:00-5:00) | Sept. 13-Nov. 1 -- \$120 |
| <input type="checkbox"/> Elementary/grades 3-5 (Tuesdays 4:00-5:15) | Sept. 12-Oct. 31 -- \$135 |
| <input type="checkbox"/> Middle School/grades 5-8 (Mondays 4:00-5:30) | Sept. 11-Oct. 30 -- \$150 |
| <input type="checkbox"/> High School/grades 7-12 (Mondays 5:45-7:15) | Sept. 11-Oct. 30 -- \$150 |
| <input type="checkbox"/> Adult (Mondays 7:30-9:00) | Sept. 11-Oct. 30 -- \$150 |

PAYMENT: check cash Visa MC Disc Am Ex

Card number: _____ Exp. _____

I understand that Temple Theatre will make every effort to ensure the safety of my student, but I pledge that I will not hold Temple Theatre or its employees liable for any injury incurred while participating in the Temple Academy. All photographs and video of the participants taken during Temple Academy are property of Temple Theatre and may be published at the will of Temple Theatre.

Signature

Date