

Course(s) you wish to enroll your child in:

Student's First Name

Student's Last Name

Student's Grade

Student's Date of Birth

Student's Age

Student's Gender

Student's School

Student's T Shirt Size (Youth Small, Medium, Large? Or Adult Small, Medium, Large?)

Parent/Guardian 1 Name

Parent/Guardian 1 Daytime Phone

Parent/Guardian 1 Cell Phone

Parent/Guardian 1 Work Phone

Parent/Guardian 1 Home Phone

Parent/Guardian 1 Email

Address

Parent/Guardian 2 Name

Parent/Guardian 2 Daytime Phone

Parent/Guardian 2 Work Phone

Parent/Guardian 2 Home Phone

Parent/Guardian 2 Email

How did you hear about the STC School of the Arts?

Health Information and Emergency Contact

Emergency Contact 1 Name

Emergency Contact 1 Phone Number:

Emergency Contact 1's Relationship to Student

Emergency Contact 2 Name

Emergency Contact 2 Phone Number

Emergency Contact 2's Relationship to Student

Physician to Be Called in an Emergency

Physician Phone

Hospital

Health Insurance Company

Insurance Policy Number

Allergies or Other Medical Limitations

Medications, Special needs, Disabilities, or Medical Diagnoses (i.e. ADHD, Asthma, Diabetes, etc.)

Is there additional information we should know about your child?

Agreements (Please indicate that you do/do not agree to the agreement below)

Advertising: Do you consent to the STC School of the Arts Advertising and Promotion Release, which allows the reproduction and/or use of photographs, video, or audio recordings of my student for future STC advertising and promotional purposes? You do not have to agree to move forward with the enrollment.

Medical Treatment: In case of an accident or an emergency, I authorize a staff member of the Sacramento Theatre Company to take my child to the above-mentioned physician, or to the nearest emergency hospital, for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

You must agree in order to move forward with this enrollment.

Participant/Parent Agreement: <http://www.sactheatre.org/wp-content/uploads/2015/09/SOTA-Student-and-Parent-Agreement.pdf>

You must agree in order to move forward with this enrollment.

Refund Policy: Our refund policy is designed to discourage last-minute cancellations and to help families on the waiting list. Requests for refund of program fees must be made 14 days prior to the first day of the course. **NO TUITION REFUNDS WILL BE MADE AFTER THIS TIME.** During the course, there is no refund for student illness, missed days, vacation, withdrawal, or if a student is dismissed by teachers. Please allow ten working days to process refunds. If withdrawal and tuition refund is requested prior to the refund deadline (14 days before the course), a \$50.00 processing fee will be subtracted from the total refund. You must agree in order to move forward with this enrollment.