ENROLLMENT INFORMATION

Due to limited class size, no place can be held without receipt of the ENTIRE PAYMENT. The enrollment fee will be returned if the ENSEMBLE class is full and the applicant cannot be admitted. Your signature also gives STC permission to use any class photos or writings for future STC marketing or promotional publications. DISMISSALS: Any students whose behavior is deemed inappropriate by the STC staff will be given one warning and a parent notification. After that, he or she will be dismissed from the session with no refund.

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 fee must be made 14 days prior to the first day of classes/workshop. An amount for any classes attended and a $50 administration fee will be subtracted from the total. NO TUITION REFUNDS WILL BE MADE AFTER THIS TIME. During the session, there is no refund for student illness, missed days, vacation, withdrawal, or if student is dismissed by teachers. Please allow ten working days to process refund.

Sacramento Theatre Company is an equal opportunity organization. Students will be admitted without regard to race, creed, gender, national origin or physical abilities.

Parent or Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy/Girl Grade: \_\_\_\_ Age (current):\_\_\_\_ Birth date: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_ T-shirt Size: \_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list email address. It will be the primary form of communication.

Are you a returning student? \_\_\_\_\_\_\_\_ How did you find out about STC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in Early or After Care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please consider including a tax-deductible donation for our scholarship fund: STC non-profit tax ID# 94-1347081 \_\_\_\_\_\_\_\_\_\_\_

*Registration Fees: Credit cards accepted or make checks payable to Sacramento Theatre Company*

Complete this form and mail (or fax: (916) 446-4066) with payment to: Sacramento Theatre Company

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|  | 1419 H Street, Sacramento, CA, 95814 |  |
| For credit card payment: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex | Session 1: 1st-3rd Grades 4/14- 4/18 ($300) | $\_\_\_\_\_\_ |
| Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Session 1: 4th-6th Grades 4/14-4/18 ($300) | $\_\_\_\_\_\_ |
| Expires: \_\_\_\_\_\_\_ Security Code (3 or 4 digits on back): \_\_\_\_\_\_\_ | Session 2: 1st-3rd Grades 4/21-4/25 ($300) | $\_\_\_\_\_\_ |
| Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Session 2: 4th-6th Grades 4/21-4/25 ($300) | $\_\_\_\_\_\_ |
| Billing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tax-deductible Donation | $\_\_\_\_\_\_ |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TOTAL PAYMENT AMOUNT | $\_\_\_\_\_\_ |