

The New Acting Company - Registration Form

Completely fill out all sections of this form and place your initials inside all boxes that apply.

Attach payment in full to reserve a space in class.

Classes fill on a first pay, first serve policy

Make checks payable to The New Acting Company

Register by phone to pay by credit card

STUDENT #1 NAME:	DATE OF BIRTH:	AGE (Y/M):	SEX:
STUDENT #2 NAME:	DATE OF BIRTH:	AGE (Y/M):	SEX:
ADDRESS:	APT#:	CITY:	ZIP:
HOME PHONE #:	E-MAIL (REQUIRED):		
PARENT'S NAME:	WORK PHONE:	CELL:	
PARENT'S NAME:	WORK PHONE:	CELL:	
EMERGENCY NAME:	EMERGENCY PHONE#		

SIGN OUT POLICY: *NY State law requires all persons over the age of 18 to carry photo ID **AT ALL TIMES.**
Parents, for the safety of your child, please have all caregivers follow these important rules.
Only an authorized person can sign out a child. All authorized persons should be written on this registration form. If someone arrives to sign out a child whom the teacher is not familiar with, that person will be asked to show ID in order to verify that they are listed as an authorized person.
If they do not have ID or if an unauthorized person comes to sign out a child, the student must remain with the teacher until the parents are contacted and give verbal authorization for their child to be released.
Thank you for your cooperation in this important safety matter.

Persons Authorized to Pick Up Child:

1:	PHONE #:
2:	PHONE #:
3:	PHONE #:
4:	PHONE #:

Please write YES or NO in the following boxes:

I give permission for my child to go home alone

My student needs the WALKOVER SERVICE (\$150 for each semester)

I agree that photographs of this student taken during studio hours maybe used for promotional purposes by The New Acting Company, but will not be used by any other organization without additional written consent.

Physician's Name:	Allergies/Special Health Considerations:
Phone Number:	

Title of class	Day	Student #	Age	Class Fee

Walkover School:	
Walkover Fee: \$150 per child/per semester	
	10% Discount for Siblings

Refund Policy: Full refund if class is canceled
 Refund less \$100, anytime through first clas:
NO REFUNDS AFTER FIRST CLASS

TOTAL:

I, the undersigned parent or guardian of this student, a minor, have read and understand the policies and procedures of The New Acting Company. I abide by all cancellation, refund, sign-out, pick-up and role assignment policies and hereby authorize the directors, administrators and teachers of The New Acting Company as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge The New Acting Company from any and all claims for personal injuries.

Signature: _____ **Date:** _____