



Fall Registration Information

2010-2011

Name _____ Phone _____ DOB _____ Grade _____
 Address _____

Parent /Guardian Information:

Parent/Guardian _____ Phone (home) _____ (work) _____
 Parent/Guardian _____ Phone (home) _____ (work) _____
 Parents e-mail address: _____

If parent is unavailable:

Name _____ Phone _____
 Please list any known medical problems or allergies:

Classes:	Days:	Times:

Siblings taking Classes:

1.	_____
2.	_____

I have been informed tuition is not refundable and that I am responsible for tuition until **written notice** has been received by SD Theatre. I realize that emergencies will be taken under advisement. _____
Initial

Tuition is due on the 1st for the next months classes. All tuition received after the 10th are assessed a \$15 late fee. _____
Initial

I am giving permission to SD Theatre to photograph and use such photos for promotional and media purposes. _____
Initial

Registration fee: _____ Summer: Y N Total pd: _____
 Payment #1: _____ Monthly payment: _____
 Payment #10: _____

