



Fall Registration Information

2009

Name _____ Phone _____ DOB _____ Grade _____

Address _____

Parent/Guardian _____ Phone (home) _____ (work) _____

Parent/Guardian _____ Phone (home) _____ (work) _____

E-mail address: _____

If parent is unavailable: Name _____ Phone _____

Please list any known medical problems or allergies:

Siblings taking classes:

Adults Permissible for pick-up:

Classes:

Days:

Times:

Classes:	Days:	Times:

Monthly Payment: _____

Registration Fee: _____

Pmt #1 _____

Pmt #2 _____

Total Pd _____

I understand that my child's tuition is broken down into 10 monthly payments as it is a 10 month season and upon registration I am responsible for payments #1 and payment #10. I have been informed tuition is non refundable and that I am responsible for tuition until written notice has been received by SD Theatre. I realize emergencies will be taken under advisement. I also understand monthly billing statements are not mailed. Monthly tuition payments are due on the 1st of each month. Any payment received after the 10th of the month is considered late and will be charged a \$15 late fee. Any tuition past due 20 days will result in the student not being able to participate in classes until the account is current. _____(initial)