

Spring 2023 Semester Registration Packet (Ages 4 & Up)



(To be returned via email to: argyleclasses@gmail.com, OR by mail/drop off to: Argyle Theatre, 34 West Main Street, Babylon, NY 11702)

CLASS SELECTION (Monday, January 9th – Monday, May 15th, 2023)*: [Limited Enrollment]

Which Class or Classes are you signing up for? (Check all that apply below under the Class Selection column:)

IN PERSON CLASSES FOR GRADES K-12:

DAY	TIME	AGE	CLASS	TUITION	CLASS SELECTION
Monday	6:00 - 8:00PM	7+	Show Class	\$595	
Monday	8:00 - 9:00PM	Teen	Teen Musical Theatre Dance for Actors	\$350	
Tuesday	4:00-5:00PM	4-6	Musical Theatre for Young Children	\$350	
Tuesday	5:00 - 6:00PM	7+	Audition Technique	\$350	

DISCOUNTS:	<u>Additional Classes:</u> All students are eligible for a \$20 off discount for each additional class they enroll in.	_____ x \$20 = _____ # of ADDITIONAL Classes Total Amount of \$ taken off for Additional Classes (Not including the first class in the #)	
TOTALS:	Total Amount WITHOUT Discount Applied: \$	Total Amount of Discount Off: \$	FINAL CLASS TOTAL AMOUNT: \$

STUDENT INFORMATION: Date: _____

Full Name: _____ Gender: _____

Current Age as of Today: _____ Date of Birth: _____ Grade: _____

Home Address: _____

Allergies: _____

Health/Medical/Behavioral Concerns: _____

Other: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Full Name/ Relationship to Student

Phone Number

Parent/Guardian Full Name/ Relationship to Student

Phone Number

Parent/Guardian Email Address: _____



Argyle Academy of the Arts T-Shirt Selection:

Included with the classes is an Argyle Academy of the Arts T-Shirt. *Circle the T- Shirt size that the student would like below.*

- Youth Small Youth Medium Youth Large
- Adult Small Adult Medium Adult Large Adult Extra Large Adult 2XL

Payment Information

Type of Payment:

Circle one of the following: Check enclosed (payable to The Argyle Theatre) for \$ _____

For credit card, circle one of the following: Visa American Express MasterCard Discover

Name on Card: _____ Account Number: _____

Billing Zip Code: _____ Expiration Date: _____ Security Code: _____

Amount of Payment: \$ _____

Discipline Policy:

If a student makes unsafe decisions or a student’s behavior is inappropriate or disruptive, then a meeting in person or on the phone will be set up to create a plan to support the student and correct the behavior. If for some reason this plan does not work and the behavior continues, the student will be removed from the Spring Intensive program. If the child’s behavior is so severe that it threatens the physical or mental safety of another student or staff member, then the student will be immediately removed from the program.

Returned Check Policy:

The Argyle Theatre will charge a fee of \$30 for each returned check.

Tuition Reimbursement Policy:

The Argyle Theatre has a no refund policy for the Argyle Academy of the Arts Spring Intensive. If class is cancelled due to extreme weather conditions or loss of power, there will not be a make-up class and there will not be any tuition reimbursement. Withdrawals from the Intensive will not receive a refund.

Signature of Agreement:

I have read and I understand all of the contents of this *Argyle Academy of the Arts Spring Intensive 2023 Registration Packet*. I have also received and read the *Argyle Academy of the Arts Spring Intensive 2023 Information Packet* and I understand all of the contents. I understand that by signing this form I agree to adhere to all of the information and procedures that are contained in both the *Registration Packet* and the *Information Packet*. I am aware of the tuition reimbursement policy and agree to adhere to the tuition reimbursement policy if I choose to withdraw my child from the program.

Parent/Guardian Full Name (Print)

Parent/Guardian Signature

Date

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EMERGENCY CONTACT & PICK UP AUTHORIZATION FORM

Student's Full Name: _____ Grade: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Please provide emergency contacts:

1) Full Name: _____ Relationship to Student: _____

Phone Number: _____

2) Full Name: _____ Relationship to Student: _____

Phone Number: _____

3) Full Name: _____ Relationship to Student: _____

Phone Number: _____

4) Full Name: _____ Relationship to Student: _____

Phone Number: _____

ADULTS AUTHORIZED TO PICK UP THE STUDENT FROM THE ARGYLE THEATRE:

~NO parents/guardians will be allowed INSIDE the Argyle Theatre AT ALL TIMES, except for performance.

~**STUDENTS GRADES K-5 are NOT permitted to sign themselves in or out:**

- For BOTH drop off and pick up, students grades K-5 will NOT be released or allowed to enter the building until an adult that is on the list below checks the student in and out with our staff.

1) Are all Emergency Contacts listed above authorized to pick up the child?

(Circle one:) YES NO Limitations: _____

DROP OFF & PICK UP FOR GRADES 6-12:

~For both drop off and pick up, **STUDENTS GRADES 6-12 may check themselves in and out without an adult ONLY if the parent/guardian circles YES below.** If the parent/guardian circles NO, then an adult from the list above MUST wait OUTSIDE the assigned theater door to BOTH check-in and check-out the student.

Is the student permitted to check themselves in and out of class without an adult checking them in and out?

(Circle one:) YES NO

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Please sign and date below to verify that the information on this entire page is accurate and that you understand and will adhere to the Argyle Academy of the Arts Intensive drop off and pick up procedures:

Parent/Guardian Full Name (Print)

Parent/Guardian Signature

Date



PHOTO/VIDEO CONSENT & RELEASE FORM

I hereby grant The Argyle Theatre and the Argyle Academy of the Arts permission to photograph and/or video my child _____ (Student's Full Name).

I hereby also grant The Argyle Theatre and the Argyle Academy of the Arts to use my child in a photograph, video, or other digital media in any and all of its publications including but not limited to The Argyle Theatre's website, Facebook, Instagram, Twitter, TikTok, email newsletters, news releases, brochures, educational materials, emails, any web-based publications, and any advertisements, without payment or other consideration.

I hereby authorize The Argyle Theatre and the Argyle Academy of the Arts to edit, alter, copy, publish, display, and/or distribute these photos or videos for any lawful purpose. I waive any right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo or video.

I understand and agree that all photos and videos will become the property of The Argyle Theatre and the Argyle Academy of the Arts and will not be returned.

I have read and I understand all of the contents of this *Argyle Academy of the Arts Photo/Video Consent & Release Form*. I understand that by signing this form I agree to all of the information that is contained in this form.

Student's Full Name: _____

Parent/Guardian Full Name (Print)

Parent/Guardian Signature

Date