

Spring Session 2024 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)

[Limited Enrollment

Class Cap: 20 students per class]

Which session are you signing up for? (Check all that apply below under the Program Selection column:)



Monday, January 15th, 2024 - Monday, May 20th 2024

(14 Classes ~ Music & Scene blocking classes will take place in the lobby, choreo and staging will take place on stage.)

DAY	TIME	AGE	CLASS	TUITION	CLASS SELECTION
Monday	6:00 - 8:00PM	8+	Show Class - Rodgers & Hammerstein's Cinderella: Youth Edition Show Date: May 20th	\$595	
Monday	4:00-5:00PM	4-7	Musical Theatre for Young Children Mini Showcase: May 20th	\$350	

Monday, February 6th, 2024 - Monday, March 18th 2024

(6 Classes ~ All classes will take place on stage.)

Monday	8:00-9:00PM	Teens	Teen Musical Theatre Dance for Actors	\$210	
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DISCOUNTS:	-All students registering for more than one class will receive a 10% discount off of the total amount -There is a sibling discount of 10% for any additional children after the 1st *only one of the discounts may be applied to the tuition*		
TOTALS:	Total amount without discount applied: _____	Total amount of discount off: _____	FINAL TOTAL AMOUNT: _____

STUDENT INFORMATION: Date: ___/___/___

Full Name: _____ Gender: _____

Current Age as of Today: _____ Date of Birth: ___/___/___

Grade: _____ T-Shirt Size (youth small-adult 2XL): _____

Home Address: _____

**Parent/Guardian Email Address: _____

(We communicate via email, so please put an email address that you check often.)

Allergies: _____

Health/Medical/Behavioral Concerns: _____

Other: _____

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

PAYMENT INFORMATION

Type of Payment:

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: \$ _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Full Name/ Relationship to Student

Phone Number

Parent/Guardian Full Name/ Relationship to Student

Phone Number

EMERGENCY CONTACT INFORMATION:

Are parents/guardians listed above also emergency contacts? YES NO

Please provide any additional emergency contacts:

Emergency Contact Full Name/ Relationship to Student Phone Number

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

- We do not allow parents/guardians in the building during instructional time. Parents are welcome in the building during drop-off and pick-up to look at the theatre, buy tickets and inquire about upcoming shows.
- **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 above checks the student in and out with our staff.
- 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

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 drop off and pick up procedures:

Parent/Guardian Full Name (Print) Parent/Guardian Signature Date



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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 with student, parent and coordinators of education at Argyle 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 Argyle Academy of the Arts Spring Session. 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 Session. If class is canceled 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 Argyle Academy of the Arts Spring Session 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 Session 2024 Registration Packet*. 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 any information that is emailed. 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



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 permission 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