

# Registration Form

Ages: 4-7

Winter 2023: January 16 - March 11, 2023

Please print neatly. If you are registering more than one student, please complete a separate form for each.

Student's Name: \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chosen Name, if different(optional): \_\_\_\_\_ Pronouns (optional) : \_\_\_\_\_

Please circle the class(es) your student is signing up for:

**Movers & Shakers (Ages 4-7)**

**Disney Minis (Ages 4-7)**

**Private lessons (Ages 4-7)**

Sibling discount: If you have more than one student in your family signing up for classes, you receive 20% off the second student!  
(Discount not valid for private lessons.)

**COURSE COST:**

Tuition Cheer-Aid:     +\$150

Number of Students:   **x** \_\_\_\_

Discount, if applicable - \_\_\_\_

**PRIVATE LESSONS COST:**

Private Lessons:       +\$35 per half hour

Number of Weeks:      **x** \_\_\_\_

**TOTAL COST:**         = \_\_\_\_\_

**PAYMENT:** A \$50 nonrefundable deposit is due with return of this completed form.

\_\_\_\_\_ **Charge my credit card (circle):**     Visa     MC     AMEX     Disc

CC#: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Amount (circle):     \$50 Deposit             Full Balance             Other: \_\_\_\_\_

\_\_\_\_\_ **Check enclosed, made payable to The Levoy Theatre**

BALANCE OF TOTAL COST DUE BY FIRST DAY OF CLASS.

Please return this completed form:

- by mail to The Levoy Theatre, ATTN: Learning at the Levoy, PO Box 678, Millville, NJ 08332 (*Do not mail cash*)
  - through email to [education@levoy.net](mailto:education@levoy.net)
- or in person to our Box Office (open Tuesday-Saturday 10AM- 6PM)

## RULES AND REGULATIONS

**Conduct While Attending Classes:** At the Levoy Arts and Education Center, we work to maintain an atmosphere of care, respect, understanding, comradery, and enjoyment. However, the safety of all students, teachers, and staff comes first.

Proper participation and conduct by your child are expected and includes the following rules:

1. Respect others' feelings, property, and personal items.
2. Work with each other as a team.
3. Listen to your teachers.
4. No fighting, yelling, cursing, or bullying will be tolerated whatsoever.
5. Tell a teacher if someone/something is bothering or upsetting you.
6. Clean up after yourself.
7. Most importantly, have fun!

Our staff supervises all class activities and helps our students to resolve conflicts and problems as they come up. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program or poses a safety risk to themselves or others, then a written behavioral notice will be sent home to the parent/guardian explaining the issue to be addressed. In the event that two written behavioral notices are sent home during the course of the class, the Levoy Theatre reserves the right to dismiss the child from the class without refund.

**Clothing:** Since our students will be participating in a variety of activities during the course of class, children must wear both comfortable and moveable clothing to class. T-shirts, shorts, sweatpants, sneakers with socks would all qualify as appropriate class attire. Sandals/flipflops are not permitted and pose a safety issue to those moving around the space. Bare or socked feet will not be permitted in class. Inappropriate clothing may result in the student sitting out from certain activities.

**Pick-up/Drop-Off & Dismissal:** Students must arrive to class via school bus or by being dropped off by an approved adult. Each day at the conclusion of the session, children will be dismissed to their parent/guardian or approved alternate. Your student will only be dismissed to the people you have listed on the application. The student will be signed out each day, unless otherwise noted. If you need to pick the student up prior to normal dismissal time, please notify the teaching artist or Education Director during that day's drop-off time and we will ensure the student is ready for you at your designated pick-up time.

**Cell Phones & Electronics:** Cell phones and electronics are NOT allowed at The Levoy Arts and Education Center. If a cell phone or electronics are brought to class, it must be kept in the student's backpack, bag or pocket for the duration of the day.

If a cell phone or electronic is seen out, the student will first receive a warning. If the device is seen out a second time, the phone will be confiscated and returned to the parent/guardian at the end of the class.

If an emergency, familial, or health situation necessitates your student's access to a cell phone at any point during class, please let their teacher know and we will make necessary adjustments to make this possible.

By signing below you confirm that you have read and reviewed these rules with the student.

Parent/Guardian's Signature: \_\_\_\_\_

**EMERGENCY CONTACTS**

Child's Full Legal Name: \_\_\_\_\_

**Primary Emergency Contacts:**

Parent/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Additional Emergency Contacts:**

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Drop-off/Pick-Up:**

Please list up to four people (other than yourself) who are authorized to pick up your child. All individuals must present a valid ID to pick up your child. If a person not on the list comes to pick up your child, your child will not be released. You must submit a signed letter if you would like to add anyone to this list in the future.

Name 1: \_\_\_\_\_ Relation: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relation: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relation: \_\_\_\_\_

Name 4: \_\_\_\_\_ Relation: \_\_\_\_\_

In consideration of my child participating in this Learning at the Levoy program, I on behalf of myself, my heirs, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless The Levoy Theatre Preservation Society, Inc. d/b/a The Levoy Theatre and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property lost or damage of

whatever nature or cause, incurred by me (or my child) arises out of or any conjunction with my (or my child's) participation in the aforementioned event. I hereby consent that I am of legal age and have read and understand the contents of this consent and release.

I give permission for the above-mentioned student to attend class and workshops at the Levoy Theatre. I agree that the Levoy Theatre will not be liable if injury to the student occurs during the said class and/or time spent in the Theatre before and after class. In the event of a medical emergency, Levoy Theatre has my permission to call for medical emergency assistance and if required, to allow my child to be transported to an emergency room by medical professionals. The Levoy Theatre will notify me or persons listed above if an emergency arises and what actions is being taken at that point.

Printed Parent or Guardian Named Above: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE**

Name of Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**List any information that you believe is pertinent to the instructors or medical emergency personnel.**

Allergies to medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Allergies (bee stings, diet, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Needs or Other Comments**

Please alert us to any conditions that may make learning challenging for your student. All information is strictly confidential and allows us to provide the best experience for all students.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE

I hereby consent to the collection and use of my child's image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters and publications as well as distributed to members or on social media.

I further acknowledge that my child's image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future. I consent to my child's inclusion in any streamed video performance event.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Student's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_