



Performing Arts School Registration Form

1510 Toomey Road, Austin, Texas 78704 • School Phone (512) 476-0594 x236 • Fax (512) 476-0314
education@zachtheatre.org • www.zachtheatre.org

Student's Name: _____

Student's Date of Birth: _____ Student's current age: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone 1: _____ Daytime Phone 2: _____

Home Phone: _____ email: _____

Child's School: _____ School District: _____

Camp/Class Title: _____ Dates: _____ Time: _____

Camp/Class Title: _____ Dates: _____ Time: _____

Returning students list previous classes/camps: _____

Camps are divided by age. Optional: please place my child in the same group as: _____

T-shirt size (*SUMMER ONLY*) Ch S CH M CH L AD S AD M AD L AD XL

PAYMENT INFORMATION

Camp Tuition: Due in full upon registration. **Semester Class Tuition:** A \$50 Deposit is required, with balance due the first day of class. **Camp Transfers:** Students changing from one camp to another will be assessed a \$25 fee. **Cancellations:** Must be submitted *in writing* fourteen days prior to the start of the Camp/Class for which a student is registered to be eligible for a refund, less a \$50 dollar processing fee. **Refunds:** Allow 3 weeks for refunds. *Extended hours are available for camps only.* See below. **NO REFUNDS AFTER THE START OF CAMP OR CLASS.**

Add **Early Drop Off or Late Pick-up** for \$25. Add **BOTH** Early Drop Off *and* Late Pick-up for \$40.

Check payable to ZACH Theatre. (Please include student's name and class/camp dates on memo line of check).

Visa MasterCard AMEX Discover

Card Number: _____ Expiration: _____ Security Code _____

Total Tuition: _____ Date Paid: _____

Photo/Video Release. I hereby grant ZACH, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting ZACH classes, camps and performances.

I have filled out and signed the **Medical Release Form** (page 2 of this document)

Parent/Guardian Signature: _____ **Date:** _____

Scholarship Fund I wish to contribute a \$ _____ donation to the Scholarship Fund which helps students with financial constraints that may not otherwise be able to attend ZACH camps or classes.

How did you hear about ZACH's Performing Arts School Classes?

Austin Family KIDS Parent Wise Magazine Website Mailing FAX Friend/Family

Other _____

FOR OFFICE USE ONLY. PLEASE INITIAL AND DATE WHEN STEP IS COMPLETE.

Confirmed _____ Registration Entered _____ Release on File _____ PAID _____ Letter Sent _____



Emergency Information and Medical Release Form

Both Registration Form and Medical Release Form are required for registration.

Child's Name: _____ Parent/Guardian Name: _____

Emergency Phone 1: _____ Emergency Phone 2: _____

Persons authorized to pick child up from class or camp:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

My child is not to be picked up by anyone other than myself.

Special concerns/medical conditions/allergies: _____

Medical Emergencies

Primary Care Physician: _____ Phone: _____

In case of emergency, ZACH has my permission to transport my child, _____
to my Primary Care Physician, (above) or, the emergency room at: _____

Parent/Guardian Signature: _____ Date: _____