

ZACH Performing Arts School Registration Form

You may fill in this form by typing directly into the fields and emailing back. OR print out, fill in and fax, mail or drop off.

1510 Toomey Rd. Austin, TX 78704 • 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: _____ Male Female

Parent/Guardian Name: _____

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: _____

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

T-shirt size (*For Summer Camps Only*) Child S Child M Child L Adult S Adult M Adult L

PAYMENT INFORMATION

Camp Tuition: DUE IN FULL UPON REGISTRATION*. **Semester Class Tuition:** A non-refundable \$60 Deposit is required, with balance due the first day of class.

***Payment plans for Summer Camps are available through April 30.** Download Summer Camp Payment Plan forms at zachtheatre.org.

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 \$60 dollar processing fee. Refunds: Allow 3 weeks for refunds. **NO REFUNDS AFTER THE START OF CAMP OR CLASS.**

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

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

Credit Card: Visa MasterCard AMEX Discover

Card Number: _____ Expiration: _____ Security Code _____

Total Tuition: _____ Date Paid: _____

Photo/Video Notice: Please be aware that Performing Arts School classes or camps may be photographed or filmed. Your participation constitutes your authorization for ZACH Theatre to use your child's photograph, voice or other likeness without his or her name for purposes related to the mission of ZACH Performing Arts School, including but not limited to marketing and promotion in both print and electronic forms."

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 \$ _____ to the ZACH Scholarship Fund which helps students with financial constraints attend ZACH camps or classes.

We would like your input. Please let us know how you heard about ZACH's Performing Arts School classes and camps. Check all that apply:

Austin Family Magazine ZACH Website Student's School Friend or Family Other _____
 KIDS Directory ZACH Mailing ZACH Email Sign or banner



FOR OFFICE STAFF USE ONLY. PLEASE INITIAL AND DATE WHEN EACH 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: _____