



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: \_\_\_\_\_

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 (*For Summer Camp Only*)     Child S     Child M     Child L     Adult S     Adult M     Adult L     Adult XL

**PAYMENT INFORMATION**

**Camp Tuition:** Due in full upon registration. Semester Class Tuition: A \$60 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 \$60 dollar processing fee. Refunds: Allow 3 weeks for refunds. **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).

Credit Card:     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 \$ \_\_\_\_\_ 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 Mailing
- Friend or Family
- KIDS Directory
- ZACH FAX Blast
- Sign or banner
- ZACH Website
- ZACH Email
- Other \_\_\_\_\_

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

Confirmed \_\_\_\_\_  Registration Entered \_\_\_\_\_  Medical 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: \_\_\_\_\_