

Artbarn Registration Form

Tuition Policy: A \$100 non-refundable deposit is required to hold a spot in any class, with the balance due two weeks before the class start date. Students who register within two weeks of a class start date must pay tuition in full. Tuition scholarships are available for families that need financial assistance. Call (617) 975-0050 or email info@artbarn.org for information.

Student _____

Home Phone _____ Birth date _____

Address (include zip) _____

School _____ Grade _____

Does your child have special needs? ___ Yes ___ No

(If yes, please explain. Attach a note if you need more space.)

Parent #1 _____

Employer _____

E-mail _____ Phone _____

Parent #2 _____

Employer _____

E-mail _____ Phone _____

Emergency Contact _____

Phone Numbers _____

Physician _____ Phone _____

Medical concerns _____

I hereby authorize Artbarn Community Theater to film and photograph my child for Artbarn publicity and to record my child singing in the annual CD of Artbarn original music.

Signature of Parent/Guardian _____ Date _____

My child will be picked up by the following persons (please list names and phone numbers)

Course/Tuition

Monday Sprouts

___ Fall (\$350)

___ Winter (\$350)

___ Spring (\$350)

Wednesday Sprouts

___ Fall (\$350)

___ Winter (\$350)

___ Spring (\$350)

Duck Soup Troupe

___ Fall (\$475)

___ Winter (\$475)

___ Spring (\$475)

Barncats Ensemble

___ Fall (\$475)

___ Winter (\$475)

___ Spring (\$475)

Split Hares Traveling Troupe

___ Fall (\$450)

___ Spring (\$450)

Rafters Company

___ Fall (\$475)

___ Spring (\$475)

Winterstock

___ January (\$275)

Out of the Box

___ Fall (\$200)

Horsin 'Round Improv

___ Fall (\$275)

___ Winter (\$275)

___ Spring (\$275)

Make checks payable to: Artbarn Community Theater

Mail to: Arbarn Community Theater, PO Box 470504, Brookline Village, MA 02447

Authorization and Release

I, the _____ (parent, guardian) of _____ (child) consent to his/her participation in Artbarn Community Theater programs. I also give permission to the Artbarn Community Theater to take _____ (child) on traveling productions. I understand that my child may walk, ride on public transportation, or ride in the car of an Artbarn staff person or parent. I consent to his/her participation in Artbarn Community Theater programs and do forever release, discharge, and covenant to hold harmless, Artbarn Community Theater, its officers, directors, trustees, agents, employees, attorneys, accountants, and assigns from any and all actions, causes of actions and claims, whether known or unknown, on account of, or in any way growing out of, directly or indirectly, all personal injuries or property damage which I/we may now have or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which this minor now has or may hereafter acquire, either before or after he/she has reached the age of majority resulting from participation in Artbarn Community Theater programs.

Signature of Parent/Guardian _____ Date _____