

PLEASE COMPLETE ONE APPLICATION PER CHILD

CHILD'S NAME:		AGE:	REF'D BY WHO:
PARENT 1 NAME:		PARENT 2 NAME (GUARDIAN):	
PARENT 1 CELL:		PARENT 2 CELL (GUARDIAN):	
PARENT 1 EMAIL (must include):		PARENT 2 EMAIL: (must include):	
HOME TEL:	WORK TEL:	CHILD EMAIL:	
HOME ADDRESS:			
ADDITIONAL CHILDREN? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you pursuing or interested in professional work for your child? (See Talent Agency Info FAQS sheet)	
How many?	Ages:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Talent Agent and Casting Information)	
SCHOOL TELEPHONE:		NAME OF SCHOOL: (very important for submitting OFFICIAL ABSENTEE to obtain professional work-permit for child performers)	
SCHOOL PRINCIPAL:			
LAST PERFORMANCE OR PREVIOUS THEATER EXPERIENCE / TRAINING: (List classes, teachers, performances, schools, type of dance or singing training)			
<p>Parents: I have read, signed and agreed to the CTC Membership Agreement, Parent Crew Sign-up Sheet and SEASON CALENDAR. I understand that all calendar & schedule conflicts must be submitted IN WRITING to: childrenstheatercompany@gmail.com. I further understand that:</p> <ul style="list-style-type: none"> • Service Scholarship Parents: I understand that I will be needed to help for the <u>full day starting at 11am on ALL FOUR PERFORMANCE DAYS</u> (see Season Calendar) • PERFORMANCE CONFLICTS must be submitted IN WRITING- <u>At least ONE MONTH in advance</u> to AVOID A \$100 fee for Unexcused Performance Penalty. • \$25 Prevention Fee for missing my hospitality / clean-up / performance day. • 3 ABSENTEE DAYS and chronic TARDINESS will result in significant role reduction. • I am fully committed to the mandatory "tech week" – 3 consecutive evenings before opening. • Please list your CALENDAR / SCHEDULE CONFLICTS: 			

MEMBERSHIP PLEDGE SHEET:

Select Tuition Options:

- FULL Tuition: **\$1,195.00** (Participant is NOT required to be on Service-Crew)
- SERVICE Scholarship **\$525.00** (must sign up for Parent Service Crew) (\$45 REGISTRATION FEE is included)
- SIBLING Scholarship **\$285.00** (PENDING APPROVAL / FINANCIAL AIDE) (\$45 REGISTRATION FEE is included)

TOTAL FAMILY BALANCE DUE: _____

- INSTALLMENT Plan:
- 2 Payment Installations @ \$240.00
 - Other Payment Plan (as agreed by Registrar ONLY)

1st Payment: \$240.00 Date: October 23rd, 2016

2nd Payment: \$240.00 Date: December 18th, 2016

Ticket Sales: \$120.00 Date: January 29th, 2017

NOTE: "Registration Deposits" are refundable if your child is NOT offered a role: "Tuition" is NOT refundable after two audit-sessions.

I understand that:

- I can make two payment-installment dates (SEE Payment Plan Form)
- Additional installment dates must be PRE-approved by Registrar via email (childrenstheatercompany@gmail.com)
- I must submit a FULL payment with a Debit, Credit or Post-dated checks which WILL NOT be processed until the agreed upon due dates.
- I may substitute my FORM OF PAYMENT to cash etc on the due date
- I understand that my credit, debit or check will be processed on the due date, if I have made no other arrangements in writing.

SIGNATURE / NAME OF PARENT / GUARDIAN

The Children's Theatre Company is recognized as a public charity under Internal Revenue Code Section 501(c)(3). Contributions are deductible for federal income tax purposes under Internal Revenue Code Section 170(c)(2).

ADDITIONAL CONTRIBUTION? \$25 \$50 \$75 other \$ _____

FOR OFFICE USE ONLY:

TOTAL FAMILY BALANCE DUE:

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FT: Full Tuition
PS- Partial "Service" Scholarship
SS- Sibling Scholarship
FS- Family Scholarship
PS64 / PS15: School Subsidized

Payment #1:

DATE	FORM & CK #	AMOUNT

Bal Due:

Payment #2:

DATE	FORM & CK #	AMOUNT

Bal Due:

Status:

Bal Due:

TICKET SALES:

DATE	FORM & CK #	AMOUNT

FINAL BALANCE DUE:

FOR OFFICE USE ONLY:

Role offered?	
Post-dated Payments Submitted? (Credit Card Authorization Form/ Payment Plan)	
Report Card Submitted? REQUIRED by the New York State Dept Labor to obtain WORK PERMIT for Professional working children & required by CTC to ensure membership.	
Parent Crew Service Days? If on "Service Scholarship" – Parent must sign-up for 4 Rehearsal days & ALL PERFORMANCES	
Ticket Sales Submitted? All families commit to PRE- sales of 10 tickets @ \$12 per ticket (\$120 total). Tickets sold beyond 15 (PRE-sold and pre-submitted fees) will be reduced to \$10 per person.	



MEDICAL & TALENT RELEASE FORM

LIABILITY WAIVER & AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR:

Please Read Before Signing

I, as the undersigned parent/legal guardian of _____, a minor, do hereby authorize The Children's Theatre Company or its designated representative(s), as agents for the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any Physician or Surgeon licensed under the provisions of the Medical Practice Act. Further more, I will not hold staff, or volunteers of the New York / Valley Stream Baha'i Center nor Children's Theatre Company liable for any medical injury or damages incurred in the course of this **2016-17**. I further understand that during participation in the Children's Theater residency program, one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness. I have advised sponsor of any special needs of the participant or activities from which the participant should be restricted. I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility. I hereby assume all risks and dangers and will hold harmless the Children's Theater Company and the Baha'i Local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence. The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

Finally, I hereby approve of my child's participation in any promotional video, print, broadcast and recording studio productions and CDs in relation to production and promotion of the CTC Season.

SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, AND WAIVER OF CLAIMS:

Signature of Parent of Legal Guardian: _____

Date signed: _____

Home Phone: _____

Emergency Phone: _____

Medical Insurance Company: _____

Policy Number: _____

Any known allergies: _____

Any medications CURRENTLY: _____

Name number of child's physician: _____

Any known reactions to medication: _____

NARRATIVE APPLICATION

MUST BE COMPLETED BY PARENT & SCHOOL OR RECENT INSTRUCTOR:

Dear Parent: CTC believes in the inherent nobility of children and we hope to build on their talents and strengths. We invite you to share with us your developmental goals for your child, whether artistic, character-building, ethical, social, spiritual or other.

RECOMMENDATION & ACADEMIC REFERENCE: To be completed by an instructor, a school teacher or school official. Please tell us about your student's general disposition for learning, personal discipline, creativity and motivation.

YOUR NAME: _____ **RELATIONSHIP:** _____

EMAIL: _____ **TEL:** _____