DEVELOPING ARTISTS THEATER COMPANY

48 West 21st Street, 4th floor
New York, NY 10010
T: 212.929.2228 F: 212.929.2722
info@developingartists.org
www.developingartists.org

Manhattan

REQUIREMENTS, POLICIES & PROCEDURES

Enrollment: Complete the Registration Form provided. Make check or money order payable to Developing Artists Theater Company. When Developing Artists receives your Registration Form, Payment, Emergency Information Form, Release/Permission Form, Consent Form & Class Contract (describing class rules and policies) your child[ren] will be permitted to participate.

Cancellation Policy: Withdrawal before the first class results in a full tuition refund. Withdrawal before the third class results in a 70% refund. No refunds are given after the third class. Developing Artists Theater Company reserves the right to cancel any class if enrollment is insufficient. If class is cancelled, tuition is refunded. Performance schedules and teaching staff are subject to change.

Attendance Policy: Each student's full participation is essential to the success of our classes. Two unexplained or unexcused absences or tardiness may result in dismissal from the class without a refund.

Class Size: Developing Artists does not discriminate based on race, religion, creed, or national origin. Classes are filled on a first-come first-served basis. Maximum of 16 students are enrolled per class. Please fill out one set of forms per student if you are enrolling more than one student

Safety: Every effort is made to make your child's experience at Developing Artists a safe and pleasant one. To do this, we need you to help us by providing pertinent and most current information about your child. Enclosed are three important forms, which should be completed and returned on or before the first day of class.

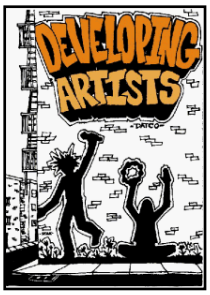
1- Emergency Information 2- Release/Permission Form 3- Consent Form 4- Class Contract

In the best interest of your child, she/he will not be allowed to participate in any classes or production programs without our having this necessary safety information. We ask returning students to fill out a new form each school year, so that we have the most up-to-date information about the student.

Fill out all forms with check or money order and mail to:
Developing Artists Theater Company
48 West 21st Street, 4th floor
New York, NY 10010

If you have any questions, please call us at (212) 929-2228.

We look forward to welcoming you and your child to Developing Artists Theater Company.



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REGISTRATION FORM

Student's Name: _____

School: _____

Age_____ Grade: _____ Date of Birth: _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

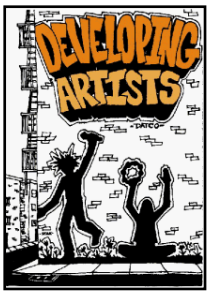
Student's Email: _____

Parent's Email: _____

How did you hear about us? Flyer/Postcard, Newspaper, Magazine, Friend, Other _____

I have included a check made out to Developing Artists for $_____ towards my child's tuition.

(Please note: a check of at least $100 must be submitted to hold your child's place in a class. This deposit is non-refundable and non-transferable.).



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EMERGENCY INFORMATION FORM

Please fill in all information. If not applicable, write N/A.

A. Student Information

Student's Name: _____
Address: _____
Home Phone: (_____)_____
With whom does the child live? Mother/ Father /Guardian: relationship?_____
Age: _____ Grade: _____
Please Check One (optional): African/ Asian/Pacific Islander/Caucasian Latin/ Other

B. Parent/Guardian Information

Mother's Name:_____
Home Address:_____
Home phone: (_____)_____
Business Phone: (_____)_____ Mobile phone: (_____)_____
Father's Name:_____
Home Address:_____
Home phone: (_____)_____
Business Phone: (_____)_____ Mobile phone: (_____)_____
Guardian's Name:_____
Home Address:_____
Home Phone: (_____)_____
Business Phone: (_____)_____ Mobile phone: (_____)_____

Please list two people we could contact in case of an emergency if none of the above are available:

1. Name:_____
Relationship: _____
Address: _____
Telephone: (_____)_____
2. Name:_____
Relationship: _____
Address: _____
Telephone: (_____)_____

C. Health History

Physician: _____ Telephone (___)_____
Name of Health Insurance Co.: _____
I.D. # _____
Date of last check-up: _____ - _____ - _____ Date of last TB test:_____-____-_____
(Month) (Day) (Year) (Month) (Day) (Year)
Results of TB test?: _____

Please attach a copy of your most recent physical report to verify the above information.

Does your child have any allergies? No Yes If yes, to what?_____
Describe allergic reaction: _____
If reaction occurs in class, are there special instructions? _____
Does your child have any allergic reaction to medication? No Yes
If yes, please indicate:_____
Is your child taking any medication on a regular basis? No Yes
If yes, please indicate medication name: _____
Dosage: _____ Reason for taking: _____
If your child complains of a headache or cramps during class, do you give permission for two ibuprofen (Tylenol) to be administered?
No Yes
Please describe any chronic health problems or behavior issues your child has or had (e.g. asthma, emotional problems, learning problems, etc.)
_____
_____
Please tell us any other information we should know about your child:
_____
_____

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RELEASE/PERMISSION FORM

(Parent or Guardian signature required)

Student name: _____

Parent or Guardian name: _____

A. ALL STUDENTS

Authorized Persons: In addition to the parent(s)/guardian, Developing Artists is authorized to release my child at the end of a class to the following persons:

1. Name_____
Relationship_____

2. Name_____
Relationship_____

I understand and agree that my **child will not be released after class until picked up by me or any person listed above**. In the event of an emergency, I understand that my child will **not be released unless I speak directly to an authorized Developing Artists personnel and given specific instructions.**

OR

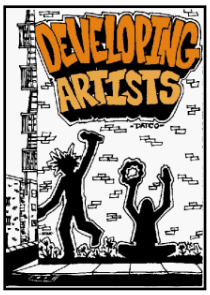
B. STUDENTS 6TH GRADE AND ABOVE

If the parent/guardian signs the release below, students in 6th grade or above may **Developing Artists on their own after class dismissal**. In the case of longer production classes and rehearsals, students often wish to **leave the building during short breaks** to purchase snacks or beverages. By signing here, the parent/guardian also permits the child to **leave during breaks**.

I,_____ parent/guardian of _____ (student's name), authorize my child **to leave on his/her own after class dismissal** *and* **to spend break time unsupervised** and absolve Developing Artists of any responsibility in connection therewith.

_____ _____

Signature of Parent or Guardian **Date**



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CONSENT FORM

(Parent or Guardian signature required)

I, _____, hereby authorize my child
(Please print) Parent/Guardian First name & Last name

_____
(Please print) Child's First name & Last name

born on _____ and who resides at
Month/ Day/ Year

_____
Street address, City State Zip

to participate in Developing Artists programs, including theater classes, rehearsals and performances. I further authorize the **making and use of any films, pictures or other recordings** of these activities for any purpose that Developing Artists may make or authorize to be made without compensation to my child or me.

I understand that my child will be under the supervision of Developing Artists staff and appointees. I understand that despite the responsible supervision which Developing Artists will make in this connection, **Developing Artists cannot guarantee against the possibility of an accident** involving my child. I hereby waive any claim that might be made against Developing Artists, its officers, employees and agents in connection with any injury my child may incur, other than claims resulting from the gross negligence of Developing Artists, its officers, employees or agents.

In the event that any serious injury should occur involving my child I wish Developing Artists to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason**, I authorize whatever medical attention is deemed appropriate** for my child.

I affirm that I have the authority to sign this consent.

_____ _____
Signature of Parent or Guardian **Date**

_____
PRINT Name of Parent or Guardian

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CLASS CONTRACT

(Parent or Guardian signature required)

The following rules must be read by both parents/guardians and students. This contract must be signed and returned to the Developing Artists' office with the Registration Form. Please make a copy of this contract for your records.

Classes will be held at the following location: 48 West 21st Street, 4th floor, New York, NY 10010.

1. Students must arrive on time to begin class on time. Students must participate until the end of class.

2. Students must attend class every session. In the case of tardiness or absence, a parent or student must notify the office prior to class at (212) 929-2228 OR JILL at (917) 612-9336.

3. More than two absences or excessive tardiness will result in dismissal from the program with no refund. Excessive tardiness is defined as more than 15 minutes late.

4. Developing artists is not equipped to supervise children after hours. Therefore, if the person responsible for picking up the student is more than 15 minutes late, a fee of $10 will be charged. Chronic late pick-up may result in dismissal from the program with no refund.

5. Students in classes ending in a production are not permitted to be absent the week prior to and the week of performances.

6. Students must behave appropriately and respect teaching artists, staff members, and fellow classmates. Physical aggression by any student will result in automatic expulsion without warning and without refund.

7. Students may eat or drink in designated areas only.

8. All students must keep space neat and clean. Garbage must be disposed of in appropriate cans.

9. Developing Artists will not tolerate the use of classes as an excuse to fall behind in school work or assignments.

10. All students must dress in appropriate rehearsal attire: loose, comfortable clothing that is easy to move in and flat, non-slip shoes (sneakers are fine).

12. No running, shouting, fighting, smoking or profanity is allowed.

We have read and understand all the above stated rules. If any of these rules are not followed we understand that we are subject to the consequences stated above.

_____ _____

Student **Date**

_____ _____

Signature of Parent or Guardian **Date**