

MUSICAL THEATRE *Revue*

Registration Form

Participant Name: _____

Sex: M / F Age: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _(_____) _____

Parent Cell: _(_____) _____

Alternate Phone: _(_____) _____

Parent E-mail Address: _____

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

I would like to pay via:

Cash Check Money Order Credit Card
(Please circle one): Visa MasterCard American Express Discover

Please make checks payable to the Scranton Cultural Center.

Amount enclosed: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

PHOTOGRAPHY POLICY

The SCC reserves the right to use photographs and videos taken during rehearsals and performances for the promotion of the organization. Any student, parent or guardian who does not wish to be photographed or have a child photographed must notify the SCC upon registration.

- YES**, I have read the photography policy and approve the use of any photos/videos of my child
- NO**, I have read the photography policy and DO NOT approve the use of any photos/videos of my child

Please return the completed registration form, \$25 non-refundable registration fee (applied to tuition) to: Scranton Cultural Center at the Masonic Temple - Musical Revue, Attention: Camille Reinecke, 420 North Washington Avenue, Scranton, PA 18503.

Any questions? Contact us! Please contact Camille Reinecke at camiller@sccmt.org or (570) 346-7369 ext. 100.

REGISTRATION

Students may register online or in person at the SCC Office. The following should be submitted in order to secure placement:

- A COMPLETED registration form signed by parent or guardian acknowledging acceptance.
- \$150 tuition fee per student, including a \$25 non-refundable deposit to reserve your spot. **An \$25 non-refundable registration fee is required for NEW students.**
- Multi-Student/ Sibling Discount: Register more than one student (includes sibling registrations) and receive a 5% discount on your full tuition.

Upon registering, you will receive a Parent Handbook and medical/emergency forms which MUST be completed by the start of rehearsals.

PAYMENTS

The SCC accepts cash, checks, money orders, Visa, MasterCard, American Express or Discover Card. Cash payments should be made in person at the SCC Business Office. Please ensure that you receive a cash receipt from the Business Manager. Checks and money orders should be made payable to the SCC. **Tuition must be paid in full by February 27.** Please include your phone number on the check as well as your student's name. Tuition payments are non-refundable and non-transferrable. Refunds will only be given due to family or medical emergencies. A limited number of need-based scholarships are available. For information, please contact the SCC Business Office at (570) 346-7369 ext. 101 or jasonh@sccmt.org.

REHEARSAL CANCELLATION

The SCC reserves the right to cancel rehearsals in the event of inclement weather. Cancellations will be announced via e-mail and on the WBRE and WNEP Weather Alerts (when possible). Where possible, a make-up rehearsal will be scheduled.

ATTENDANCE

Parents are asked to e-mail/call production staff in the event of an emergency or illness that will cause a student's absence. Students are expected to arrive and be picked up on time. If an emergency hinders timely pick-up, please notify production staff as soon as possible.

CODE OF CONDUCT

With your enrollment materials, each student will receive the SCC Code of Conduct. It is the parent's responsibility to review the rules and ensure your child understands them. Our Code of Conduct is strictly enforced at all times. Failure to comply can result in removal from class, limitation or exclusion from performances or dismissal from the program. NO REFUNDS will be made for time lost due to behavior issues. We are an Equal Opportunity organization and we do not discriminate on the basis of race, color, sex, sexual orientation, age, religion, national or ethnic origin or physical disability.

TERMS OF AGREEMENT

1. I authorize the officials of this SCC program to act on my behalf while my child is in their care, including the power to authorize emergency medical treatment. I also give permission for my child to take part in all production activities and release the SCC, its staff and Board of Directors and all entities associated with it from all liabilities for any and all damage and/or injury that may occur on or off the SCC property during any given rehearsal. **Please Initial HERE** _____
2. I understand that any changes to my child's enrollment must be made in writing. I understand that I am responsible for all tuition and fees. All tuition must be paid by the specified date, otherwise my child will not perform in the production.

I have read, understand and agree to all terms of agreement, policies, procedures and items discussed in this enrollment form for my child, prior to signing this application.

PARENT/GUARDIAN SIGNATURE

DATE