



Chicago Street Theatre School REGISTRATION FORM

2019-2020

Student Name (Please Print) _____

Grade _____ Gender _____ DOB _____

Address _____ City _____ Zip _____

Phone _____ Parent E-Mail* _____

*Our most frequent form of contact is email. Please print accurately and check it for updates.

Mom's Name _____ Work or Mobile Number _____

Dad's Name _____ Work or Mobile Number _____

Emergency Contact (if parents unavailable) _____

Phone _____ Relationship _____

May we use images of your child in future CTG brochures, ads, web page or literature? Yes No

How did you hear about our program? _____

(Please attach Emergency Medical Treatment Authorization with Refund Policy)

Tuition covers student Membership Fee and includes a Children's Theatre Works T-shirt to wear to class!

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FALL CLASSES

Schedule will remain the same for the spring. Full-Year registration NOW guarantees a seat and SAVES \$25!

- Pre-SEEDS (K) Mondays, 4:00-4:45 pm
- SEEDS (Grades 1-2) Tuesdays, 4:30-5:30 pm
- SEEDS (Grades 1-2) Thursdays, 4:30-5:30 pm

- SPROUTS (Grades 3-4) Tues., 5:30-6:30 pm
- SPROUTS (Grades 3-4) Thurs., 5:30-6:30 pm

- BUDS (Grades 5-6) Tues., 6:30-7:30 pm
- BUDS (Grades 5-6) Thurs., 6:30-7:30 pm
- BUDS ADVANCED (Grades 5-6)
Mondays, 5:00-6:00 pm
- BLOOMS (Grades 7-9) Mon., 6:30-7:30 pm

TEEN ENSEMBLE-Invitation Only

- Level 1 (Grades 7-9) Wed, 5:00-6:30 pm
- Level 2 (Grades 10-12) Wed, 6:30-8:00 pm

WORKSHOP-Exploring Directing

- 5 Weeks (Grades 6-12) Mon, 7:30-8:30 pm
- 5 Weeks (Grades 6-12) Mon, 7:30-8:30 pm

Tuition Information

- | | |
|---|----------|
| <input type="checkbox"/> FULL YEAR Tuition (\$25 Discount) OR | \$325.50 |
| <input type="checkbox"/> *FULL YEAR PAYMENT PLAN Deposit | \$125.50 |
| <input type="checkbox"/> Semester Full Tuition OR | \$175.50 |
| <input type="checkbox"/> *SEMESTER PAYMENT PLAN Deposit | \$100.00 |
| <input type="checkbox"/> WORKSHOP Tuition | \$95.50 |

Subtract Discount(s) IF APPLICABLE:

Second Child Registration (\$10) - \$10.00

"Parents In the Wings" (10-20%) _____ %

(To be determined from previous semester by Lisa)

TOTAL AMOUNT DUE \$ _____

**If selecting the Payment Plan, by signing below, I agree to make remaining payments.*

T-Shirt Size - Please Circle One Choice

Youth: S M L

Adult: S M L XL

Payment Information

Master Card Visa Check # _____

Card Number _____

Expiration Date _____ Security Code _____

*Signature _____

* Full Year Deposit September 13 + \$100.50 January 15 & \$100 March 15

* Semester Deposit September 13 + \$75.50 November 15