

Majestic Education 2012!

REGISTRATION FORM: Class Title: _____

Section I: Student Information

Registration Date: __/__/__ Date of Course—Start Date: __/__/__ Completion Date: __/__/__

Name of Student: _____ Student prefers to be called: _____

Address: _____ City: _____ State: __ Zip: _____

E-Mail address: _____

Home Phone: _____ Cell Phone: _____

The best time to contact me is: _____ A.M. P.M. on my Home phone Cell phone

Date of Birth: _____

Name of school: _____ City/State _____ FT PT

Person to contact in case of emergency: _____ Phone: _____

Section II: Responsible Party

Relationship to Student: Parent Guardian Other

Name: _____ Address _____ Email Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer _____ Work Phone _____

Section III: Treatment Provider –Authorization to Seek & Provide Medical Treatment

Physician's Name: _____ Phone: _____

In case of emergency—I hereby authorize the Majestic Theatre staff/faculty or management to seek emergency medical treatment for my son/daughter/self. This authorization shall terminate automatically upon my son/daughter or own completion of the course/class program under this registration or withdrawal from it.

Date: _____

Authorized Signature: _____

Section IV: Payment Method

Tuition for Course: _____ Donation: _____ Total Amount: _____

Method of Payment: Cash Check Credit Card: (Please make checks to Majestic Theatre Management)

Type of Card: Visa MC Card No: _____ CV (last 3 numbers on the back of card): _____

Expiration Date: _____ Signature on Card: _____

Interest in partial or full Scholarship: _____

Interest in Sibling Discount: _____

Section V: Photography Notice

The Majestic Theatre's in-house photographer (Amanda Long) may attend portions of a class. The photographs taken will be used for promotional purposes for future classes, summer camps, and The Majestic Theatre in general. These images may be posted online or published in our newsletter. Children will not be identified in the online posts.

Please check appropriate box and initial here: _____

Yes No

Registration Cancellation Policy: A written cancellation must be submitted before the second day of classes. If a cancellation is submitted after the second class, parents will not be refunded. Please direct any questions or concerns to Education Coordinator Willow Norton, willow@majestic.org or 541-758-7827.