

# THE ACADEMY AT SHADOWLAND STAGES - SPRING 2020 STUDENT REGISTRATION FORM

Call our offices at 845.210.4848 or complete this form and return to:  
SHADOWLAND STAGES | ATTN: Academy | 98 Center Street | Ellenville, NY 12428

**Spring Semester Tuition: \$125.00**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies/Medical Conditions:** \_\_\_\_\_

**PRIMARY Parent / Guardian Contact: NAME** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ CELL (PRIMARY) \_\_\_\_\_

EMAIL \_\_\_\_\_

**EMERGENCY Parent / Guardian Contact Information:**

Relationship to student: \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ CELL (PRIMARY) \_\_\_\_\_

**CONFLICTS:** Please list any SATURDAYS that you have conflicts from March through May.

\_\_\_\_\_ (continue on back if necessary).

**PHOTO RELEASE:** By signing below and registering the above-named student, I hereby give permission for SHADOWLAND STAGES to photograph or videotape my child while in class, at rehearsal or during productions related to their study at The Academy. Photos/Videos will be used as part of marketing efforts related to SHADOWLAND STAGES and its Acting Academy.

**PARENT/GUARDIAN COMMITMENT:** The safety of each student is our first priority. Students must be picked up on time. If someone other than the parent is picking up the student, the instructor must be told beforehand.

Parents/Guardians authorized to pick-up student: \_\_\_\_\_

**PRIMARY Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

CHECK BELOW AND ENTER NAME IF APPLICABLE:

First time enrollee referred by: \_\_\_\_\_  Scholarship Awardee Pre-Approved by: \_\_\_\_\_