

THE ACADEMY AT SHADOWLAND STAGES

FALL 2020 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
Fall Semester's Tuition (no performance fee) total: \$125.00

Student Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____

Allergies/Medical Conditions: _____

PRIMARY Parent / Guardian Contact Information:

NAME _____

Relationship to student: _____

ADDRESS _____

PHONE (HOME) _____ CELL (PRIMARY) _____

EMAIL _____

EMERGENCY Parent / Guardian Contact Information:

NAME _____

Relationship to student: _____

PHONE _____

CONFLICTS: Please list any dates that you have conflicts from September through November.

(continue on back if necessary).

PHOTO RELEASE: I hereby give permission for Shadowland Stages to photograph or videotape my child while at rehearsal or during productions related to their study at Shadowland Acting Academy. Photos/Videos will be used as part of marketing efforts related to Shadowland Stages and its Acting Academy.

Signed: _____ Date: _____

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:

Signed: _____ Date: _____

COVID-19 CLASS PROTOCOLS:

PICK UP/DROP OFF

- Parents will drop their students off in the small parking lot on the East side of the building. A staff member will be there to meet them. Students will be required to turn in a signed (by parent or guardian) Daily Health Report with them at drop off. **NO STUDENT WILL BE PERMITTED INSIDE THE BUILDING WITHOUT THE SIGNED HEALTH REPORT.**
- Parents should not drop off students earlier than ten minutes before the start of class, and should not be late.
- In order to pick up students following the class, parents should park their cars and walk to the main entrance of the Academy Studio (at the corner of Market and Center Streets) to meet their students. This way the instructors will see you through the front windows.
- **NO PARENTS WILL BE ALLOWED INSIDE THE BUILDING AT ANY TIME.**

CLASS SESSIONS

- There will be five one-hour long classes on Saturdays: (9:00, 10:30, 12:00, 1:30 & 3:00)
- Each class will have no more than 12 students.
- Each class will have two instructors present.
- The fall semester will last nine weeks, from September 26 – November 21, 2020.

STUDENT / EDUCATOR PROTOCOLS

- All students and educators **MUST** be masked at **ALL** times.
- All students and educators **MUST** remain 6' apart at **ALL** times.
- A seating chart will be maintained for the bulk of class time, and must be followed consistently throughout the semester.
- Failure to follow these protocols may result in the student being removed from the class, forfeiting all tuition (at the Educator's discretion).

PERFORMANCE

- Our goal is for the semester to end with performances (monologues and/or scenes) that will be recorded for a virtual / online 'recital'. (Social distancing will be honored during the rehearsal and/or performance of any scenework.)

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WEEKLY HEALTH FORM:

Please ensure your student has a **SIGNED** health form to give to the instructor each week.

CIRCLE YOUR ANSWERS:

Has your temperature today been 100 or higher?

YES

NO

Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days? (Close contact means within 6 feet without a mask for 10 minutes or more.)

YES

NO

Are you currently experiencing any of the following symptoms? Circle any that apply:

Fever or chills

Cough (new or worsening)

Shortness of breath or difficulty breathing (new or worsening)

Fatigue (new or worsening)

Muscle or body aches (new or worsening)

Headache (new or worsening)

New loss of taste or smell

Sore throat (new or worsening)

Congestion or runny nose (new or worsening)

Nausea or vomiting (new or worsening)

Diarrhea (new or worsening)

Have you had a positive COVID-19 test in the past 14 days?

YES

NO

Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days?

YES

NO

STUDENT NAME: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____