

STUDENT INFORMATION

(Please Print)

PARENT/GUARDIAN

Name _____

Street Address/Apt# _____

City _____

State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

☐ **Financial Aid for Children's Classes Requested.**

(831) 622-9175
sodapacrep@gmail.com

Complete this form and return to SoDA with payment

Classes and class times are subject to change.

Pacific Repertory Theatre's School of Dramatic Arts
PO Box 222035
Carmel, CA 93922

Method of payment

☐ CHECK/CASH Payable to PACREP ☐ MC/VISA AMEX

Credit Card Number

Name on Credit Card

Exp. Date

Due to the impacts of the Covid19, and for the safety of our students, we are now offering a hybrid of online classes and socially-distance outdoor daycamps. See class descriptions for details.

The School of Dramatic Arts (SoDA) is a program of Pacific Repertory Theatre, a non-profit organization. Through your generous donations, the show goes on.

Please Donate Today!

FIRST NAME LAST NAME DoB / / AGE M F

SCHOOL

GRADE

Race/Ethnicity (optional, requested for grants and donation information)

- ☐ MEXICAN/AMERICAN ☐ ASIAN: INDIAN ☐ ASIAN: CAMBODIAN ☐ AMERICAN INDIAN / ALASKAN NATIVE
☐ CENTRAL AMERICAN ☐ ASIAN: CHINESE ☐ ASIAN: VIETNAMESE ☐ PACIFIC ISLANDER: GUAMANIAN
☐ SOUTH AMERICAN ☐ ASIAN: JAPANESE ☐ FILIPINO ☐ PACIFIC ISLANDER: HAWAIIAN
☐ LATINO: OTHER ☐ ASIAN: KOREAN ☐ ASIAN: OTHER ☐ PACIFIC ISLANDER: SAMOAN
☐ HISPANIC: OTHER ☐ ASIAN: LAOTIAN ☐ AFRICAN AMERICAN ☐ PACIFIC ISLANDER: OTHER
☐ WHITE OR CAUCASIAN

Emergency Contact Name

Relationship

Best Phone

I understand that in the event of an emergency PRT/SoDA will make every effort to reach me but if that is not possible, they may have my permission to seek appropriate medical care through Community Hospital of the Monterey Peninsula. I understand that Pacific Repertory Theatre and SoDA will not be held responsible for any medical expenses for me or my child.

Parent / Guardian Signature

Standards of Student Behavior Please read and sign this agreement.

I understand and agree to behave in a respectful manner towards all SoDA instructors, students, materials, and locations at all times. My right to attend class(es) can be revoked should I not adhere to a proper behavior code. **Student Signature** _____ **Date** _____

Photo/Video Release For valuable consideration received, I hereby grant SoDA and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs/videos of my child in class at SoDA, for editorial trade, advertising and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release SoDA of its legal representatives and assigns from all claims and liability relating to said photographs/videos.

Parent/Guardian Signature _____ **Date** _____

Classes for Children and Young People :

Play in a Box	(7 - 16 yrs)	M-F	10:00A - 12:00P	6/7 - 6/11	\$100
Disney Boot Camp	(10 - 13 yrs)	M-F	1:00P - 3:00P	6/14 - 6/18	\$100
Vocal Techniques Mus Thtr	(9 - 16 yrs)	M-Th	10:00A - 12:00P	6/21 - 7/1	\$160
Play Production "The Giver"	(11 - 18 yrs)	M-Th	1:00P - 5:00P	6/21 - 7/1	\$320
Sing and Play	(4 - 6 yrs)	M-Th	10:00A - 12:00P	7/12 - 7/23	\$160
Triple Threat Boot Camp	(11 - 16 yrs)	M-Th	1:00P - 5:00P	7/12 - 7/22	\$320
Bring a Story to Life	(4 - 6 yrs)	M-F	10:00A - 12:00P	7/26 - 7/30	\$100
Building Acting Skills	(11 - 16 yrs)	M-F	1:00P - 3:00P	7/26 - 7/30	\$100
Fairytale Theatre	(4 - 6 yrs)	M-F	10:00A - 12:00P	8/2 - 8/6	\$100

Add \$20 Registration Fee (Once per semester, per student)

Make a Tax Deductible Donation