

# Registration 2018-2019

(Please fill out both sides)

Student 1 Name \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (First) (Last)  
 Gender M \_\_\_\_ F \_\_\_\_  
 Medical Items (i.e., allergies) \_\_\_\_\_

Student 2 Name \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (First) (Last)  
 Gender M \_\_\_\_ F \_\_\_\_  
 Medical Items (i.e., allergies) \_\_\_\_\_

Registration WILL NOT be accepted if incomplete

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**T-shirt Size (ALL Dance and Theatre students)**

Circle One: Child Small Child Medium Child Large Child X-Large Adult Small Adult Medium Adult Large Adult X-Large

**T-shirt Size (ALL Dance and Theatre students)**

Circle One: Child Small Child Medium Child Large Child X-Large Adult Small Adult Medium Adult Large Adult X-Large

**Costume Size Information (required at registration-see pg. 5)  
 (complete both letter & number information)**

**Measurements (ALL Dance and Theatre students)**

Girth \_\_\_\_\_ Bust \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Inseam \_\_\_\_\_

**Measurements (Theatre students only):**

Shoulder to knee \_\_\_\_\_ Shoulder to shoulder \_\_\_\_\_ Shoulder to ankle \_\_\_\_\_

**Letter Size**

Top  Child  Adult  XS  Sm  Med  Lg  XL

Pant  Child  Adult  XS  Sm  Med  Lg  XL

Outfit  Child  Adult  XS  Sm  Med  Lg  XL

**Number Size (circle one) Toddler Child Junior Misses**

Top  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Pant  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Outfit  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

**Costume Size Information (required at registration-see pg. 5)  
 (complete both letter & number information)**

**Measurements (ALL Dance and Theatre students)**

Girth \_\_\_\_\_ Bust \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Inseam \_\_\_\_\_

**Measurements (Theatre students only):**

Shoulder to knee \_\_\_\_\_ Shoulder to shoulder \_\_\_\_\_ Shoulder to ankle \_\_\_\_\_

**Letter Size**

Top  Child  Adult  XS  Sm  Med  Lg  XL

Pant  Child  Adult  XS  Sm  Med  Lg  XL

Outfit  Child  Adult  XS  Sm  Med  Lg  XL

**Number Size (circle one) Toddler Child Junior Misses**

Top  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Pant  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Outfit  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

**Shoe Size (DANCE Students Only)**

Circle One: Girls Boys Women Men Size \_\_\_\_\_

**Shoe Size (DANCE Students Only)**

Circle One: Girls Boys Women Men Size \_\_\_\_\_

**Make-Up Kit: Theatre Students Only**

Would you like to order from us? Cost is \$23.00  Yes  No

Choose skin tone  Fair/Olive Fair  Med/Olive Med  Med Dark/Dark

**Make-Up Kit: Theatre Students Only**

Would you like to order from us? Cost is \$23.00  Yes  No

Choose skin tone  Fair/Olive Fair  Med/Olive Med  Med Dark/Dark

**Full Season Classes**

Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
Theatre Families Only: Volunteer Commitment Fee \$99		#VolDep	\$
Dance Company Members Only: Company Fees \$135		#CoFees	\$
Full Season Classes Total			\$

**Full Season Classes**

Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		#	\$
Dance Company Members Only: Company Fees \$135		#CoFees	\$
Full Season Classes Total			\$

**Total Full Season Tuition: \$**

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Alternate E-mail address \_\_\_\_\_

Do you attend Mt. Zion Church?  Yes  No

Reminders and other important information will be distributed by e-mail through out the season.  
 Please provide your e-mail address for our records.



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(Please fill out both sides)

## Release

I give Mt. Zion and its assigns the irrevocable right to use graphic images such as photographs, video, and digital pictures of the enrolled student taken in past, and future gatherings, rehearsals, performances, on and off the premises for advertisement and instructional purposes. Advertisements include, but are not limited to, print media, web, and social networks such as Facebook and Twitter. I hereby release and agree to hold harmless Mt. Zion and its assigns from any liability by virtue of any blurring, distortion, alteration, or use in composite form whether intentional or otherwise that may occur in the taking or processing of the photographs.

I hereby assume responsibility, and release Mt. Zion, it's employees, sponsoring organizations, etc. from all responsibility for my child if he/she leaves the building for any purpose I hereby assume all responsibility for myself and for my children while participating in activities sponsored by Mt. Zion.

I waive all claims for liability against Mt. Zion, its employees/instructors, its assigns in case of injury. I am of legal age, or the parent or legal guardian of the enrolled student(s). I commit my child to performing in all rehearsals and shows that are required for the Mid-Year Spotlight and May performance.

I have read, understand, and agree to all of the policies and procedures including payment terms as well as refunds/cancellations for registered classes at the Mt. Zion School of Performing Arts.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent Volunteer Acknowledgement

In order for our rehearsals and performances to run smoothly it requires over 100 volunteers per rehearsal and/or performance. In order to keep our prices low, we ask for support and assistance from our parents.

Help is needed in the following areas:

- Backstage
- Dressing Rooms
- Set-Up
- Check-in/check-out
- Flower/candy sales
- Tear Down
- Concessions
- Runners
- Tickets/ushers

Sign-up sheets will be available approximately 4 weeks prior to each performance. Please acknowledge (by signing below) you understand that your assistance is expected during at least one rehearsal and one performance for both the Spotlight as well as again in May.

In addition, assistance is needed through out the year in the areas of administration and set building/painting. Please check the appropriate boxes below if you are available to help in these areas.

- Costume sorting (during the day around 10am)
- General admin to be completed off-site (at your convenience)
- General admin to be completed on-site (while classes are in session)
- Set building/painting (workshops scheduled weekdays, evenings, and Saturdays)

Signature \_\_\_\_\_

### Payment Calculation

Full Season Tuition [choose Option #1 OR #2]		
(1) Full Year Payment Plan		
Full Season Tuition \$ _____ - \$15 -		
(all classes must be paid in full to receive discount; one-time discount per family, NOT per class)		
OR....		
(2) 3 Term Payment Plan		
Full Season Tuition \$ _____ / 3 -		\$
Annual Registration Fee (Full Season Classes Only)		
\$20 per Family (waived on or before Aug. 24 <sup>th</sup> )	+	\$
Dance Company Members Only		
(a) Contract Deposit \$125 (if not already paid)	+	\$
(b) Competition Fee \$50 (add'l dances will be added in 3rd billing)	+	\$
Music Students Only		
(a) # of Classes _____ x \$10	+	\$
Theatre Students Only		
(a) # of Classes _____ x \$20 (i.e. \$10 per performance)	+	\$
(b) Make-Up Kits: # of Kits _____ x \$23 per kit	+	\$
(c) YT Dance Workshop: Total Tuition \$ _____	+	\$
Total Due at Time of Registration		\$

Payment:  Cash  Check: # \_\_\_\_\_ Payable to Mt. Zion Performing Arts

Credit Card:  Visa  Mastercard  Discover Name on card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVV2 code \_\_\_\_\_

**For Office Use Only** Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_