



Student: \_\_\_\_\_  
School: Queen of Peace Date: \_\_\_\_ / \_\_\_\_ / 201\_\_

MUSIC      DRAMA      LEARNING      FUN

## STATEMENT OF UNDERSTANDING FOR "ALADDIN"/ FALL 2015

I understand the following policy concerning musical theater classes for my child(ren), \_\_\_\_\_ and agree to adhere by it.

1. The cost for group classes is \$130 for the Fall Semester 2014.
2. There is also a scrip fee of \$15 due at the same time as the registration fee.
3. These fees are due on or before the first class. No child will be admitted without filled out registration forms and payment.
4. Payment of your fee and completion of the registration forms will reserve your child's place on the roster.
5. There is no compensation for classes missed by students.
6. There are no refunds for partial or missed sessions.
7. There will be several extra rehearsals as we near our play date.
8. Students are responsible for their own costumes but help will be provided on places to order them or how to make them simply.
9. Parents are invited to participate in prop and set building. This is not a requirement.
10. **Attendance at the Final Rehearsal is mandatory.** Please plan ahead for this.
11. You will receive weekly updates with assignments for your child for the week concerning memorizing songs and lines and cues. **It is the parents' responsibility and joy to make sure the children know them!**

I acknowledge that I agree to these terms: \_\_\_\_\_  
Parent or Guardian

**PLEASE SEE OTHER SIDE/  
NEXT PAGE**

PLEASE MAKE CHECKS PAYABLE TO  
MUSICOOOL  
AND MAIL YOUR REGISTRATION FORMS TO:  
MUSICOOOL  
16351 NW 10<sup>TH</sup> COURT  
CITRA, FLORIDA 32113



MUSIC

DRAMA

LEARNING

FUN

**Student Information Sheet for Drama Classes:**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_

Present Grade \_\_\_\_\_

School \_\_\_\_\_

Mother's Name Ms./Mrs./Miss/Dr. \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name Mr./Dr. \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address If Different from Street Address:

Responsible Person \_\_\_\_\_

Address or P.O. \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Zip \_\_\_\_\_

House Number for Billing Address if Billing Address is a P.O. Box: \_\_\_\_\_

Mother or Guardian:

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Work Email \_\_\_\_\_

Father or Guardian:

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Work Email \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/201\_\_\_\_

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