



After School Program ENROLLMENT FORMS

Please fill out this form and email it to rcoker@se.edu or print it, fill it out and return to the OSF offices.

PLEASE COMPLETE PAGES 1 AND 2!!!

Please read through all the information carefully. You may email completed documents to rcoker@se.edu. Your registration will be processed in the order in which it is received AFTER the enrollment date has passed.

Tuition is \$55 for the first class, and \$20 for each additional class.



Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Age as of November 1st: _____

T-Shirt Size: _____

Email Address: _____

Home Phone: _____

School Currently

Mom's Name: _____

Attending: _____

Mom's Cell: _____

Dad's Name: _____

Dad's Cell: _____

Please circle all disciplines in which you are interested:

Ballet	Tap	Musical Theatre Dance	Musical Theatre Voice
Stage Dialects	Stage Makeup	Combo	Acting
Private Piano	Dance Solos	Math Tutoring	Private Acting

Other than Mom or Dad, please list persons who are authorized to pick up the student from class:



After School Program Liability Form

Please fill out this form and email it to rcoker@se.edu or print it, fill it out and return to the OSF offices.

Liability forms must be completed and returned by the first day of class in order for the student to participate.

Student's Name: _____

Physician: _____

Physician's Phone: _____

Medical Condition: _____

Learning Disability: _____

Insurance Company: _____

Policy Number: _____

Waiver of Liability: I, the undersigned release and discharge Southeastern Oklahoma State University, Theatre at Southeastern, the Oklahoma Shakespearean Festival and its staff, officers, directors, agents and volunteers from any and all liability arising from, related to, or connected with any injury or illness or damage to my person or property caused by or sustained in the course of any participation in classes, rehearsals, performances or other activities conducted by or associated with Southeastern Oklahoma State University, Theatre at Southeastern or the Oklahoma Shakespearean Festival. I hereby attest that this Waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator, and/or personal representative.

I have read and understand the above and do attest that the information provided by me in this document is factual and current to the best of my knowledge.

Parent/Guardian's Signature

Date

I have received a copy of the Oklahoma Shakespearean Festival's After School Program's Handbook. I have read it and agree that everyone in my household will abide by the policies and procedures listed within that document.

Parent/Guardian's Signature

Date



CODE OF STUDENT CONDUCT

Student and Parent Acknowledgement and Pledge

The Code of Student Conduct has been developed to help your child receive quality instruction in an orderly educational environment. Oklahoma Shakespearean Festival's (OSF) After School Program (ASP) needs your cooperation in this effort. Therefore, please (1) review and discuss the Code of Student Conduct with your child and (2) sign and return this sheet to your child's instructor.

NOTE: FAILURE TO RETURN THIS ACKNOWLEDGEMENT AND PLEDGE WILL NOT RELIEVE A STUDENT OR THE PARENT/GUARDIAN FROM BEING RESPONSIBLE FOR KNOWING OR COMPLYING WITH THE RULES CONTAINED WITHIN THE CODE OF STUDENT CONDUCT.

I have reviewed the Code of Student Conduct, and I understand the rights and responsibilities contained therein.

Parent: _____ Date: _____

To help keep the ASP safe, I pledge to show good character, work to the best of my ability and adhere to the guidelines established within the Code of Student Conduct.

Student: _____ Date: _____



OKLAHOMA SHAKESPEAREAN FESTIVAL

Credit Card Authorization

NAME ON CARD	
TYPE OF CARD	VISA MASTERCARD AMEX DISCOVER
TRANSACTION TYPE	DEBIT CREDIT
ACCOUNT NUMBER	
EXPIRATION DATE	
CVN NUMBER	

BILLING ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
EMAIL ADDRESS	
TOTAL AUTHORIZED AMOUNT PER MONTH - TUITION	
DATE CARD IS TO BE RUN EACH MONTH - TUITION	
ENROLLMENT FEE - AUGUST RECITAL FEE - APRIL	
PARTICIPANT'S NAME	

CARDHOLDER NAME	
SIGNATURE	
DATE	
AUTHORIZATION NUMBER	



Oklahoma Shakespearean Festival's **Tuition Assistance** *Application Form*

Anyone requesting a scholarship MUST complete an application form on EACH child. Scholarships are based on NEED. A scholarship will cover ONE class per week which is \$55 per month. If your child chooses to take additional classes, the charge is \$20 per month per class, and is the responsibility of the family to pay. For example: Sally Sue wants to take ballet, tap and acting. Sally Sue will pay \$40 per month. The first page of your most recent tax return must accompany this form.

Today's Date: _____

Child's Name: _____

Parent #1: _____

Employer: _____

Employer Phone: _____

Gross Annual Salary: _____

Parent #2: _____

Employer: _____

Employer Phone: _____

Gross Annual Salary: _____

Other Sources of Monthly Income (alimony, child support, etc.):

Source: _____ Amount: _____

Source: _____ Amount: _____

Special Circumstances:
