**2021 - 2022 Registration Form**

###### Academy of the Performing Arts

*505 Rivoli Vista Macon, Georgia 31210*

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 Student’s full name Prefers to be called?

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of birth Age today Grade Attends school at?

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 Home Mailing Address City Zip

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1st choice email 2nd choice email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency** 1st Contact (who to call DURING class time?) cell #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency** Contact (if 1st Contact cannot be reached?) cell #

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Any health concerns?

On the back please list past experience in theatre, music, dance, etc.

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| --- | --- | --- | --- |
| **MONDAY** Production Course Circle each selection | Start Time | End Time | Tuition Due$150 per course |
| FALL The Not TOO Scary Stories | 4:30 p.m. | 6:00 p.m. |  |
| WINTER Rapunzel | 4:30 p.m. | 6:00 p.m. |  |
| SPRING Robin Hood | 4:30 p.m. | 6:00 p.m. |  |

TOTAL DUE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payments must be made 14 days prior to the start of each course. Space in the class is NOT guaranteed within the final 14 days without payment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TUITION

Production Class $150 per 8/9-week session

Make all checks payable to Academy of the Performing Arts

$35 fee for any returned checks.

MAIL YOUR PAYMENT TO: **ACADEMY OF THE PERFORMING ARTS**

**505 RIVOLI VISTA**

**MACON, GA 31210**