

## BCT ACADEMY FALL REGISTRATION 2008

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M: \_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

If your child has any special medical conditions and or allergies of which BCT should be aware, please indicate them here: \_\_\_\_\_

Check here if you *do NOT* give BCT permission to use your child's photo for publications :  \_\_\_\_\_

**I'd like to sign my child up for the following Fall 2008 BCT Academy classes:**

**PLEASE LIST PROGRAM(S)**

**FEE**

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

3 \_\_\_\_\_ \$ \_\_\_\_\_

4 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

**Payment Options – Please check one:**

My check is enclosed, payable to **Boston Children's Theatre**

Mastercard, or  Visa Card Number \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_ v-Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Scholarship requested (Please download Scholarship Application from BCT website).

**PLEASE REVIEW THE REGISTRATION POLICIES ON PAGE 2 OF THIS FORM BEFORE SIGNING BELOW.**

*I hereby absolve the Boston Children's Theatre, including all employees, officers and trustees, from all liability, and will not hold them responsible for injury incurred in the above registered person. I hereby give my approval to the person's participation in this activity.*

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRATION INSTRUCTIONS

1. Please fully complete Page 1 of the Registration Form.
2. If paying by Check, please mail form along with payment to:  
Boston Children's Theatre  
321 Columbus Ave  
Boston, MA 02116
3. If paying by Credit Card, you may either fax the completed Registration Form to 619-367-8072, or mail it to the address above.
4. **Once your registration has been received, you will receive a confirmation email.** (If you do not have an email address, BCT will call you).

## REGISTRATION POLICIES FOR BCT ACADEMY CLASSES

1. BCT reserves the right to cancel, combine, or reschedule classes due to insufficient enrollment. Please indicate alternate choice(s) in the event your preferred class is not available.
2. One 10% discount per family may be applied for any of the following: tax-deductible contribution of \$100 or more per year; concurrent enrollment in an additional class by the same student or a sibling (first class is full-fee; the second class only receives discount). Scholarship assistance is available; email or call to request confidential financial aid form.
3. Consultation to determine the most appropriate class placement is welcome. It is not possible either to observe or to attend any class prior to registration. Commitment to the entire session must be made in advance, for the benefit of the student, instructor, and class. Payment in full is required in at time of registration, prior to the first class meeting. *BCT has a strict **NO REFUNDS** policy.* Thank you for your cooperation.
4. Punctual attendance is expected at all class meetings, unless the instructor has been notified in advance of absence due to illness (**Please call 617-424-6634 to report absence**). Children should be dropped off and picked up promptly, as BCT cannot provide supervision outside the building after dismissal. Please allow adequate time for traffic and parking.