

The Quincy Music Theatre's
Broadway Bound!
After School Musical Theatre Education

Fall 2017 Registration Form

Student

First Name _____ Last Name: _____
Grade: _____

Guardian

Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Emergency Contacts

Name _____ Phone: _____
Relationship to student: _____

Name _____ Phone: _____
Relationship to student: _____

My child is registering for:

- Kindergarden thru 8th Grade, Tuesdays 4PM – 6PM
 9th thru 12th Grade, Mondays 4PM – 6PM

Total for Fall Semester: \$200, make checks payable to QMT
First \$100 due by September 18th, remaining amount due by October 31st.

- I will drop my child off between 3:45 & 4PM
 I will pay \$10 per 15 minutes if I pick my child up after 6:10
 I understand QMT requires me to come into the theatre and sign my child out
 I grant QMT permission to take and use photographs of my child for marketing and archival purposes. If no, please explain: _____

Name(s) of adults who may pick up and drop off my child (Name/Relationship to child)