



**Haven Pico Union
Registration Form
*Mulan Jr.***

Tuition: \$250 for those outside of the Pico Union Neighborhood, \$40.00 for those living in Postal Codes 90006, 90007 and 90015, \$25 if student is enrolled in SAY Yes!

Child's Name: _____

Parent(s): _____

Age: _____ Birthday: _____ / _____ / _____ Grade: _____

Address:

Home Phone: () _____ - _____

Parent's Cell: () _____ - _____

Child's Cell: () _____ - _____

Parent's E-mail:

Child's E-mail:

Please list *any* potential conflicts that might interfere with either the rehearsal schedule or performances. This includes vacations, sports, school commitments, etc.



Commitment Contract
Mulan Jr.

Wednesday/Friday Rehearsals:

Beginning 1/9
4:30 PM- 6:30 PM

Tech Week:

Monday 3/18 5:00 PM – 8:00 PM
Tuesday 3/19 5:00 PM – 8:00 PM
Wednesday 3/20 5:00 PM – 8:00 PM
Thursday 3/21 5:00 PM – 8:00 PM

Performances:

Friday 3/22 7:00 PM (call time 5:00 PM)
Saturday 3/23 2:00 PM (call time 12:00 noon)

Work Days:

Each family is required to attend Set Strike, as well as sign up for one additional work assignment.

Set Strike Saturday 3/23 after closing performance

EVERY CAST MEMBER AGES 10+ MUST STAY FOR STRIKE AFTER THE FINAL PERFORMANCE ON SATURDAY 3/24.

Pico Union Attendance Policy

Having more than 2 excused absences *and* 1 unexcused absence will result in a child's removal from the cast and rehearsal process.

In order for an absence to be considered *excused*, it must be approved ahead of time by the director and can include illness, family function (wedding, funeral, reunion), school or church trip. An *unexcused absence* is any absence that was not previously cleared by the director.



As a Cast Member, I commit to...

Adhere to the Pico Union Attendance Policy

Participate in all performances

X _____
(*Cast Member Signature*)

As a Parent, I commit to...

___ Participate in Set Strike and 1 Additional Work Assignment

Note: Any family member (grandparent, sibling, uncle, cousin, etc.) above the age of 16 can substitute for parent participation for either Workdays or Performances.

X _____
(*Parent Signature*)



Medical Release
Mulan Jr.

Child's Full Name _____

Child's Age _____

Parents' Names _____

Phone _____

Cell Number _____

Name & phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency

Any Allergies or Medical Conditions that Haven Pico Union Staff should be aware of:

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of a Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from January 9th, 2019 through March 23rd, 2019.

Parent or Guardian's Signature and date

_____ / ____ / ____



Photo, Video, and Website Release Form (New Students Only)

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, _____, parent/

guardian of _____, give permission for my child to be photographed, videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone authorized by Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by Haven Academy.

Date: _____

Parent or Guardian Signature:

Address: _____

OR _____ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature: _____

Address: _____



Scholarship Request Form

Please include this form when your turn in your Release Forms and Commitment Contract at the first day of class/auditions.

Child's Name: _____

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Address: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Annual Gross Family Income: _____

Number of members living in household: _____

We are applying for:

____ Sibling Discount ____ Full Scholarship ____ Partial Scholarship

Why is it important for your family to receive this scholarship?

Why does your child want to be a part of a Haven Academy Class or Production?

Are there any additional concerns or circumstances that might help us in determining the necessity of your child receiving a scholarship?