



Lakewood Institute of Theater

Student Registration Form

Class Title(s): _____

Actor's Name: _____

Birthdate: (mm/dd//yyyy) _____ Grade (K-12): _____

Parent Name(s): _____

Primary Phone Number: _____ Alt. Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

How did you hear about us? _____

What school do you attend? _____

Please be sure to read policies and guidelines regarding refund policies.

To register for class/camps/intensives a non-refundable* payment of \$75.00 is due at time of registration. I understand this is a non-refundable deposit and will pay remaining balance no later than the class start-date.

No refunds will given after attending the first day of class.

Signature: _____ **Date:** _____

**In the event that a class/camp/intensive is cancelled due to low enrollment, this fee will be refunded.

Check all that apply:

- Enclosing check payable to Lakewood Playhouse for \$75 registration fee.

Payment type: _____ Balance: _____

- \$75 registration fee in person/over the phone on __/__/__.

Payment type: _____ Balance: _____

- Paid in full: Date _____ Payment type: _____

- I am interested in setting up a payment plan. (Please speak with the education director.)

- I am enrolling multiple children and should receive the \$25 sibling discount. (#____ Children)

- I am requesting a scholarship, and have read the guidelines form.



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Scholarship request information:

School lunch is available to my child at: No Cost _____ A reduced cost _____ Full Price _____.

I am able to contribute the following amount \$ _____. I am requesting aid in the amount of \$ _____.

Monthly total income \$ _____. Estimated monthly bills including housing \$ _____.

Number of people supported by this income _____. Number of those people under 18 years of age _____.

-----Office Use Only-----

Payment plan:

PAYMENT 1 (expected on) _____ / _____ / _____

Payment type/amount: _____

PAYMENT 2 (expected on) _____ / _____ / _____

Payment type/amount: _____

PAYMENT 3 (expected on) _____ / _____ / _____

Payment type/amount: _____

Scholarship:

Date received _____ Date Processed _____ Date notified _____

Approved Amount: \$ _____ Applicant Owes: \$ _____

Ed. Director Signature _____ Date _____