

**YORKTOWN STAGE KIDS
REGISTRATION FORM**

Use separate form for each child.

SUBMIT REGISTRATION FORM:

BY EMAIL: barryysproducer@gmail.com

BY MAIL: Yorktown Stage, PO BOX 877, Yorktown Heights, NY 10598

BY DELIVERY: Room 10, 1974 Commerce Street, Yorktown Heights, NY

Child's Name: _____

Date of Birth: _____ **Age Today:** _____ **Grade Next Fall:** _____ **Boy / Girl (Circle)**

Name of Primary Parent: _____ **Email Address** _____

Address of Primary Parent: _____
Number & Street, City, State & Zip

Phone Nos. Primary Parent: Home () _____ **Cell** () _____

RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is Yorktown Stage.. I hereby give permission for my child's photograph to be used in Yorktown Stage publications, and for advertising and promotions.

Signature of Parent / Guardian _____ **Date:** _____

REFUND POLICY: *There will be no refunds for any reason following registration. The Director and/or the Executive Director have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed due to dismissal or illness.*

FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION

IF PAYING BY CHECK (PREFERRED METHOD):

AMOUNT ENCLOSED \$ _____

Check # _____

Bank Name _____

Bank City _____

IF PAYING BY CREDIT CARD _____ :

AMOUNT TO BE CHARGED \$ _____

Credit Card # _____

Expiration Date _____

Security Code _____