The Woodland Opera House Education Program

Paid _____Visa/MC_____Ck#_____ **Rising Stars/Show Biz Kidz**

Class_____**Session**_____**T-shirt Sz.**_____

Student Name_____Age_____DOB_____ Phone_____

Address_____ City_____ Zip_____

Parent/Guardian_____Cell Phone_____ Wk_____

Address_____ City_____ Zip_____

Email (Please print clearly) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Emergency Contact - other than parent/guardian

Name_____ Phone_____

Address_____ City_____ Zip_____

Medical Information

Ins. Carrier_____ Policy#_____

Physician's Name_____ Phone_____

Personal Information

Special Needs_____ Allergies_____

Will you miss any classes?_____Dates_____

Experience: Acting/Singing/Dancing/Theatre/Gymnastic etc._____

_____

In an emergency I authorize the Woodland Opera House to seek immediate medical treatment for:

Student Name_____Parent/Guardian Signature_____

Class size is limited. Receipt of payment will ensure your registration.
Make checks payable to Woodland Opera House or call 666-9617 to pay by credit card.

Dismissals: Any student whose behavior is deemed inappropriate by the WOH staff will be given one warning. The parents will be notified in writing. If the behavior continues the student will be dismissed from the class with no refund. _____**Initial**

Refund Policy: A full refund for withdrawal up to 1 month prior to start of class. 2/3 refund up to 1 week prior to class. 1/3 during week prior to start of class. No refunds after class starts._____**Initial**