

# SHININGSTARS CHILDREN'S THEATRE REGISTRATION FORM



**COST: \$52 MONTHLY TUITION**

**\*T-SHIRT INCLUDED AND NO REGISTRATION FEE\***

**WEEKLY CLASSES @ YOUR SCHOOL! (HOW CONVENIENT IS THAT?)**

**creativity today, confidence tomorrow!**

**INSTANT SIGN UP PROCESS: SNAP | SEND | DONE!**

- 1. SNAP A PIC OF THE FILLED OUT FORM WITH YOUR PHONE**
- 2. SEND IT TO (727) 248-0751**
- 3. DONE! WE WILL HANDLE THE REST.**

## **PARTICIPANT INFO (PLEASE PRINT CLEARLY)**

**SCHOOL NAME:** \_\_\_\_\_

(Please put full name of school and location)

**CHILD'S NAME:** \_\_\_\_\_

(circle one)

**AGE:** \_\_\_\_\_

**T-SHIRT SIZE:**    **XXS (4/5)**    **XS (6/7)**    **S (8)**    **M (10/12)**    **L (14/16)**

**PARENT'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

## **MERCHANDISE (CHECK TO PURCHASE)**

**ShiningStars Car Magnet: \$5** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

## **PAYMENT INFO**

**After submitting this form within 1-2 business days you will receive an email to sign up for the brightwheel app. This app is how you will make monthly payments and also how our staff checks students in and out of class each week.**

\*\$.50 ACH or 2.7% credit/debit card merchant fees applied to tuition\*

**Waiver/Indemnification:** As a parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Shining Stars. I understand there are inherent risks in participating in this program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in ShiningStars. I further agree to indemnify and hold harmless ShiningStars Tampa Bay, its agents, servants, employees and/or representatives from any and all liability, damage, and costs or expense arising out of my child's participation, of every kind and nature, in ShiningStars events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified ShiningStars staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child. Shining Stars Tampa Bay may use photographs and/or videos of my child while participating in ShiningStars sponsored activities.

**Cancellation Policy:** We staff and schedule our sessions based on participation levels. Therefore we require a written or e-mail notice to withdraw, which can be submitted to [shiningstarstampabay@gmail.com](mailto:shiningstarstampabay@gmail.com). Withdrawals must be submitted no later than 4:00pm on the last business day of the month. After the payment has processed on the 1st there is no refund available.

**Absence Policy:** If your child is absent, in order to receive a credit toward your account you must email the office at [shiningstarstampabay@gmail.com](mailto:shiningstarstampabay@gmail.com) 24 hours prior to your child's class.

**Billing:** Payment information must be submitted on brightwheel prior to the child attending class. Automatic payments will be processed on the 1st of each month for the 4 classes that month.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_