

Registration Form
Children's Music Workshop presents
2020 Summer Musical Theatre Workshops

(Please complete ALL PAGES of this registration form and use a separate form for each child you wish to register - photocopies are acceptable)

Student's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell phone: (Mother) _____ (Father) _____

Parent's Email: (will be used for confirmation of registration and other CMW info)

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Fall '20): _____ M/F: _____ Birth Date: _____ Age: _____

Lion King Kids Or Seussical Kids Please circle or check weeks you are attending. (\$175 per week)

<input type="checkbox"/> July 27 - 31 week <i>Lion King Kids</i>	Lake Michigan College, Hanson Theatre, Benton Harbor (Going into Grades 1-8 in Fall 2020)
<input type="checkbox"/> August 3 - 7 week <i>Seussical Kids</i>	Lake Michigan College, Hanson Theatre, Benton Harbor (Going into Grades 1-8 in Fall 2020)
<input type="checkbox"/> August 10 - 14 week <i>Lion King Kids</i>	Lake Michigan College, Hanson Theatre, Benton Harbor (Going into Grades 1-8 in Fall 2020)

REFUND POLICY

Tuition for available workshops is **non-refundable**. CMW will contact you if a workshop you requested is not available and your tuition fee will be returned. Tuition may be considered a tax-deductible contribution to CMW if you withdraw from the workshop prior to the workshop week.

If workshops are cancelled because of COVID-19, CMW will contact you and your tuition will be returned. I understand the refund policy as certified by my signature below.

Parent/Guardian Signature: _____ Date: _____

SIBLING DISCOUNT (Discount does not apply if you are receiving scholarship funds)

Sibling Discount: Subtract \$10.00 if registering siblings for Lion King Kids or Seussical Kids (One sibling discount per family)

PAYMENT

by: Check _____ Credit Card _____ (✓)

Registration Fee: \$ _____ (\$175 x number of workshops)

Optional Donation: \$ _____ (scholarship fund donation)

Sibling Discount: -\$ _____ Name of Sibling: _____

All information required for credit card charges – please print clearly 2.75% surcharge added to each credit card charge

Credit card type: MC _____ Visa _____

Name as appears on credit card: _____ Billing address of card: _____

Zip Code: _____

Credit card # _____ Exp. date: _____ CVV2 # (3 numbers on reverse side of credit card) _____

Total: \$ _____ + 2.75% surcharge = \$ _____ **credit card charge**

Signature of card holder: _____ Date: _____

TOTAL ENCLOSED: \$ _____

For Office Use: Scholarship # _____ Scholarship Amount \$ _____

Scholarship recipients that withdraw from a production are not eligible for future scholarships without obtaining permission from the CMW Board of Directors. Permission must be requested in writing.

PUBLICITY/PROMOTIONAL ACTIVITIES

Portions of this CMW production or workshop may be photographed and/or videotaped for promotional purposes including but not limited to web site, brochure, photo CD's newspaper ads/features or promotional/archival videos. Does CMW have your permission to use your child's image/name in CMW promotional photos (group or individual) or videos?

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

ALLERGIES AND MEDICAL CONDITIONS

Please list any allergies or medical conditions that CMW staff should be made aware of: _____

PARTICIPATION PERMISSION SLIP AND RELEASE

I approve of my son/daughter _____

participating in the 2020 Summer Theatre Workshops presented by Children's Music Workshop (CMW). As Student's Parent or Guardian, I release CMW, and the facility where workshop is being held, from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Student while participating in any workshop provided by CMW. I agree that I will make no claim or demand against CMW, and the facility where workshop is being held, if an injury or accident occurs during a workshop provided by CMW. I will look to my own resources, insurance, or assets to pay all medical bills, damages or losses whatsoever if an injury occurs. The term CMW includes all employees, volunteers, and other staff of CMW participating in the 2020 Summer Theatre Workshops. **I also give permission to release my child to my emergency contact listed above.**

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____

SCHOLARSHIPS: FINANCIAL NEED SCHOLARSHIPS ARE AVAILABLE!

We know recent events have affected the income of many. We want to do what we can to help minimize the impact on the students and families. **If you have been impacted financially by COVID-19, please fill out a scholarship form.** Scholarships are granted based on financial need and availability of scholarship funds. We have full and partial scholarships available. Funds are limited and granted on a first come, first served basis.

Visit our web site at www.cmwonline.org to print out a scholarship application.

Children's Music Workshop
www.cmwonline.org
269-422-2930

PAYMENT INSTRUCTIONS:

Mail Registration Form, along with check made payable to "CMW" to:
(If requesting a financial-need scholarship, please include the scholarship application instead of payment.)

*Children's Music Workshop
ATTM: Registration Department
P.O. Box 69
Stevensville, MI 49127*

RETURNED CHECKS:

A \$25 fee will be charged for all NSF checks returned to us.

IMPORTANT:

Workshops are offered on a first-come-first-served basis. Space is limited so register early. Workshop availability is subject to registration volume.
A CMW representative will contact you by email to confirm your registration.

Please contact Adrienne Glisson at executivedirector.cmw@gmail.com if you have any questions.