

*Fairmount Center for the Arts*  
**FAIRMOUNT PERFORMING ARTS CONSERVATORY (FPAC)**  
**SUMMER PROGRAMS 2010**

*At Hathaway Brown School and Performances in the Reserve Hall Theatre at the Mayfield Village Civic Center*

**PROGRAM REGISTRATION AND FEES**

*Section 1*

Student First Name:		Student Last Name:		MI:
Address:				
City:		State:		Zip:
Home Phone:	Cell Phone:	Birthdate:		
Student e-mail (required)				
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Do you want to be on our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No			Age:
Grade / College Year Entering Fall 2010			School Attending:	

*Section 2*

Does your child have special needs? If yes, please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs:

*Section 3*

Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single				
Parent with Custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:				
Father's Full Name:			Home Phone:	
Business Phone:	Cell Phone:	e-mail:		
Father's address (if different from child's)				
City:		State		Zip
Mother's Full Name:			Home Phone:	
Business Phone:	Cell Phone:	e-mail:		
Mother's address (if different from child's):				
City:		State		Zip

*Please continue to the next page*

<b>OFFICE USE ONLY:</b>				
Date Rec'd _____	Check No. _____	Amount _____	Cash Rec'd Amount _____	
Posted _____	PC Pg/Ln _____	CL _____	Handbook Sent _____	
<b>NOTES:</b>				

# CHOOSE YOUR CURRICULUM

*You may choose one, two or all sessions - Check the options you wish to attend*

PROFESSIONAL TRAINING WORKSHOP - "THE CORE" / FULL DAY	Cost	Enter Price
<b>SESSION ONE - 3 Weeks: June 21 - July 9</b>		
<b>FULL DAY</b>		
<input type="checkbox"/> "The Core" Training (10:00am - 4:30pm)	\$ 750.00	\$
<b>SESSION TWO - 3 weeks: July 12 - 30</b>		
<b>FULL DAY</b>		
<input type="checkbox"/> "The Core" Training (10:00am - 4:30pm)	\$ 750.00	\$
<i>If this is your 2nd session, subtract 10% from THIS SESSION ONLY</i>		
<b>SESSION THREE - 2 weeks: August 2 - 13</b>		
<b>FULL DAY</b>		
<input type="checkbox"/> "The Core" Training (10:00am - 4:30pm)	\$ 500.00	\$
<i>If this is your 2nd or 3rd session, subtract 10% FROM THIS SESSION ONLY</i>		
<b>PROFESSIONAL TRAINING WORKSHOP - "ADVANCED TRAINING" / FULL OR HALF DAY OPTIONS</b>		
<b>SESSION ONE - 3 weeks, June 21 - July 9</b>		
<b>FULL DAY (10:00am - 4:30pm)</b>		
Full Day includes Acting / Scene Study from 10:00am - 1:00pm and one of the below (choose) from 1:30-4:30pm		
Choose One: <input type="checkbox"/> Dance <input type="checkbox"/> Directing <input type="checkbox"/> Advanced Classical Acting	\$ 750.00	\$
<b>OR HALF DAY</b>		
<input type="checkbox"/> Morning Only (10:00am - 1:00pm): Acting / Scene Study	\$ 450.00	\$
<input type="checkbox"/> Afternoon Only (1:30-4:30pm) <input type="checkbox"/> Dance <input type="checkbox"/> Directing <input type="checkbox"/> Classical Acting	\$ 450.00	\$
<b>SESSION TWO - 3 weeks, July 12 - 30</b>		
<b>FULL DAY (10:00am - 4:30pm)</b>		
Full Day includes Acting / Scene Study from 10:00am - 1:00pm and one of the below (choose) from 1:30-4:30pm		
Choose One: <input type="checkbox"/> Playwrighting <input type="checkbox"/> Musical Theatre / Glee	\$ 750.00	\$
<b>OR HALF DAY</b>		
<input type="checkbox"/> Morning Only (10:00am - 1:00pm): Acting / Scene Study	\$ 450.00	\$
<input type="checkbox"/> Afternoon Only (1:30-4:30pm) : <input type="checkbox"/> Playwrighting <input type="checkbox"/> Musical Theatre / Glee <input type="checkbox"/> Advanced Acting	\$ 450.00	\$
<i>If this is your 2nd session, subtract 10% from THIS SESSION ONLY</i>		
<b>SESSION THREE - 2 weeks, August 2 - 13</b>		
<b>FULL DAY (10:00am - 4:30pm)</b>		
Full Day includes Acting / Scene Study from 10:00am - 1:00pm and one of the below (choose) from 1:30-4:30pm		
Choose One: <input type="checkbox"/> Dance <input type="checkbox"/> Improv Troupe <input type="checkbox"/> Acting Shakespeare	\$ 500.00	\$
<b>OR HALF DAY</b>		
<input type="checkbox"/> Morning Only (10:00am - 1:00pm): Acting / Scene Study	\$ 312.00	\$
<input type="checkbox"/> Afternoon Only (1:30-4:30pm) : <input type="checkbox"/> Dance <input type="checkbox"/> Improv Troupe <input type="checkbox"/> Acting Shakespeare	\$ 312.00	\$
<i>If this is your 2nd or 3rd session, subtract 10% FROM THIS SESSION ONLY</i>		
<b>PRODUCTION WORKSHOP</b>		
<b>SESSION ONE - 3 weeks, June 21 - July 9</b>		
<input type="checkbox"/> Half Day (10:00am - 1:45pm) OR	\$ 365.00	\$
<input type="checkbox"/> Full Day (10:00am - 4:30pm)	\$ 620.00	\$
<b>SESSION TWO - 3 weeks, July 12 - 30</b>		
<input type="checkbox"/> Half Day (10:00am - 1:45pm) OR	\$ 365.00	\$
<input type="checkbox"/> Full Day (10:00am - 4:30pm)	\$ 620.00	\$
<i>If this is your 2nd session, subtract 10% from THIS SESSION ONLY</i>		
<b>SESSION THREE - 2 weeks, August 2 - 13</b>		
<input type="checkbox"/> Half Day (10:00am - 1:45pm) OR	\$ 245.00	\$
<input type="checkbox"/> Full Day (10:00am - 4:30pm)	\$ 410.00	\$
<i>If this is your 2nd or 3rd session, subtract 10% FROM THIS SESSION ONLY</i>		
<b>SUB TOTAL of THIS PAGE</b>		<b>\$</b>

**BEFORE AND AFTER CARE** - for younger students who need supervision (\$4 per half hour per day)

Check your <b>MORNING</b> Preference	<input type="checkbox"/> 9:30-10:00 - 30 minutes (\$4 per day)	\$
Choose one option: <input type="checkbox"/> I may wish to take advantage of before and after care but am not sure of the dates. I understand that arrangements must be made at least one week in advance.	<input type="checkbox"/> 9:00-10:00 - 60 minutes (\$8 per day)	\$
	<input type="checkbox"/> 8:30-10:00 - 90 minutes (\$12 per day)	\$
	<input type="checkbox"/> Create your own combination. Multiply each 1/2 hour by \$4 <i>Write dates and times here:</i>	\$
		\$
		\$
<i>Important: The 10% early bird discount does not apply to before care</i>		
Check your <b>AFTERNOON</b> Preference	<input type="checkbox"/> 4:30-5:00 - 30 minutes (\$4 per day)	\$
Choose one option: <input type="checkbox"/> I may wish to take advantage of before and after care but am not sure of the dates. I understand that arrangements must be made at least one week in advance.	<input type="checkbox"/> 4:30-5:30 - 60 minutes (\$8 per day)	\$
	<input type="checkbox"/> 4:30-6:00 - 90 minutes (\$12 per day)	\$
	<input type="checkbox"/> Create your own combination. Multiply each 1/2 hour by \$4 <i>Write dates and times here:</i>	\$
		\$
		\$
<i>Important: The 10% early bird discount does not apply to after care</i>		

**EXTENDED DAY - ONE HOUR CLASSES** (available to participants 4th grade - college)

If you choose this section, do not choose competing times in the BEFORE AND AFTER CARE option, above.

**SESSION ONE - 3 Weeks: June 21 - July 9**

Morning 1 Hour Classes				
<input type="checkbox"/> Dance	9:00 – 9:55am	\$	130.00	\$
<input type="checkbox"/> Stage Make Up	9:00 – 9:55am	\$	130.00	\$
<input type="checkbox"/> Improvisation	9:00 – 9:55am	\$	130.00	\$
Afternoon 1 Hour Classes				
<input type="checkbox"/> Dance	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Stage Make Up	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Stage Combat	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Shakespeare	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Improvisation	4:30- 5:30pm	\$	130.00	\$

**SESSION TWO - 3 weeks: July 12 - 30**

Morning 1 Hour Classes				
<input type="checkbox"/> Dance	9:00 – 9:55am	\$	130.00	\$
<input type="checkbox"/> Stage Make Up	9:00 – 9:55am	\$	130.00	\$
<input type="checkbox"/> Improvisation	9:00 – 9:55am	\$	130.00	\$
Afternoon 1 Hour Classes				
<input type="checkbox"/> Dance	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Stage Make Up	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Stage Combat	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Shakespeare	4:30- 5:30pm	\$	130.00	\$
<input type="checkbox"/> Improvisation	4:30- 5:30pm	\$	130.00	\$

**SESSION THREE - 2 weeks: August 2 - 13**

Morning 1 Hour Classes				
<input type="checkbox"/> Dance	9:00 – 9:55am	\$	90.00	\$
<input type="checkbox"/> Stage Make Up	9:00 – 9:55am	\$	90.00	\$
<input type="checkbox"/> Improvisation	9:00 – 9:55am	\$	90.00	\$
Afternoon 1 Hour Classes				
<input type="checkbox"/> Dance	4:30- 5:30pm	\$	90.00	\$
<input type="checkbox"/> Stage Make Up	4:30- 5:30pm	\$	90.00	\$
<input type="checkbox"/> Stage Combat	4:30- 5:30pm	\$	90.00	\$
<input type="checkbox"/> Shakespeare	4:30- 5:30pm	\$	90.00	\$
<input type="checkbox"/> Improvisation	4:30- 5:30pm	\$	90.00	\$

SUB TOTAL of THIS PAGE \$

**SUNDAYS WITH BRIAN ZOLDESSY**

<input type="checkbox"/> College Audition Prep - Sunday, June 27: 9:00am - 6:00pm	\$	90.00	\$
<input type="checkbox"/> How...Working Actor - Sunday, July 11: 6:00 - 9:00pm	\$	40.00	\$
<input type="checkbox"/> Script Analysis - Sunday, August 1: 9:00am - 6:00pm	\$	90.00	\$

**PRIVATE 1/2 Hour SINGING OR ACTING Lessons** - Held before and after the regular FPAC day

Times and scope of these lessons will be decided between the instructor and the student and will be billed separately

<input type="checkbox"/> Private Voice Lessons - for 6th grade and up time to be arranged	\$25 per half hour lesson	\$
<input type="checkbox"/> Private Acting Coaching Lessons - for 6th grade and up time to be arranged	\$25 per half hour lesson	\$

**ADULT CONTEMPORARY WORKSHOP**

Adult Workshop, July 19 - 23, 2010, Mon-Fri, 10:00am - 4:30pm	\$	265.00	\$
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**FPAC PRESENTS *Children of Eden, Honk! Junior, Pride and Prejudice***

AUDITIONS are in April for these productions. You can add the tuition amount here after acceptance into productions.

<input type="checkbox"/> Children of Eden	\$	195.00	\$
<input type="checkbox"/> Honk Junior	\$	195.00	\$
<input type="checkbox"/> Pride and Prejudice	\$	195.00	\$

**MAKEUP KITS**

During Flex time, students 4th grade and up enrolled in Production Workshop or Pro Training "The Core" may take "Stage Makeup" - In order to apply their own makeup, they must use their own kit. We will purchase a kit for you and have it for you on the first day. **Deadline to purchase - June 5.** After that date, you may still purchase the kits on your own at Illusions Magic & Costume Inc, 31529 Vine Street, Wickliffe, Oh 44092, (440) 944-8100.

<input type="checkbox"/> Caucasian - Fair	\$	20.00	\$
<input type="checkbox"/> Caucasian - Medium	\$	20.00	\$
<input type="checkbox"/> Olive	\$	20.00	\$
<input type="checkbox"/> African American	\$	20.00	\$

**TRIP TO NEW YORK CITY - August 17-20, 2010**

<input type="checkbox"/> Four Person Room	\$	825.00	\$
<input type="checkbox"/> Three Person Room	\$	855.00	\$
<input type="checkbox"/> Two Person Room	\$	915.00	\$
<input type="checkbox"/> Additional Broadway Play	\$	100.00	\$

If enrollment doesn't meet the 40 person level, I am willing to pay the additional amount as indicated on the FPAC website.

**10% DISCOUNT for full or half time programs if you enroll before March 10, 2010**

(Use this discount OR the 2nd / 3rd session discount, but not both)

Total Enclosed: \$

Amount Due: \$

**FPAC Tuition (half or full day training programs) includes a 2010 FPAC t-shirt.**Please select your size: Adult:    S    M    L    XL Child:    M    L**PAYMENT OPTIONS:** *Select the payment option below that meets your needs.*

- I wish to pay in full. I understand that \$100 of the cost is a non-refundable security deposit.
- I wish to pay in 3 installments and have enclosed one check dated today for \$250 and post dated checks for the balance. (Full payment must be received by May 1, 2010)  
\$100 of this is non-refundable

**Payment can be made by Visa, MasterCard, Check or Cash.**How do you wish to pay for FPAC?  Credit Card (Visa MasterCard)  Check  Cash

Amount to be paid: \$  Card Number  Exp

Check for \$  is enclosed.  three-digit code on back of card

*Payments in Cash must be made at Fairmount Center (see address below). DO NOT SEND CASH THROUGH THE MAIL.*

After signing, please fill in the medical release form and send both registration and medical release &amp; your payment to:

**FAIRMOUNT CENTER FOR THE ARTS, 8400 Fairmount Rd., P.O. Box 80 - Novelty, Ohio 44072****440-338-3171.** For more information about FPAC go to: [www.fairmountcenter.org/theatre.html](http://www.fairmountcenter.org/theatre.html)

**EMERGENCY INFORMATION**

Primary Physician:	Physician Phone:
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In the event that you can't be reached in an emergency, who should we contact?

Name:	Phone:
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*Note: For child's safety, medical consent forms must be received by FPAC office prior to first day. FPAC will provide forms by mail or electronically (see medical form attached.)*

**Please acknowledge below that you have read and understand the following:**

- In the event of emergency, I authorize the FPAC Director or staff to act for me according to their best judgment. I understand that payment for medical services is solely the family's responsibility.
- I understand that FPAC fees are NON-REFUNDABLE AND NON-TRANSFERABLE
- I understand that all payments include a \$100.00 non-refundable registration deposit. If a registered student must withdraw, all monies will be refunded minus the registration deposit. (No refunds will be issued after June 15, 2010)
- Students photo and quotes may be used for media releases and other FPAC publicity purposes.
- If, for any reason Fairmount Center for the Arts suggests a student withdraw from FPAC a refund will be made for the for the unexpired days of the session. If child is withdrawn from FPAC before the end of the session by parents, no refund will be made.
- I agree to allow Fairmount Center for the Arts to release my child's name, address and phone number to other students children within their group as part of a group roster.
- Registrations will only be processed with deposit and post-dated payments for remaining balance or full payment.
- Participant's family must have a \$0.00 balance from other Fairmount Center for the Arts workshops or programs in order for FPAC registration to be processed.
- There is a \$20.00 charge for insufficient funds using check or credit card.
- Fairmount Center for the Arts is not responsible for loss or damage to any child's property during the FPAC season.
- In consideration of being allowed to participate in Fairmount Center for the Arts classes and activities, I acknowledge that I, as parent or guardian of the student under age 18, or I as a student myself voluntarily assume all risks of accident or damage to my person or property. I agree to abide by all rules and regulations and hereby release from clam, liability or demand, all employees, representatives, trustees and officers of Fairmount Center for the Arts as well as their heirs, executors, administrators, successors and assigns for any personal injury or damage of any kind. I understand that the above-mentioned parties are not insurers of my personal safety during this activity.
- This release is entered into freely and with full knowledge of its contents and effect and will operate for myself, my heirs, executors, administrators and assigns.

	<b>YES, I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE:</b>
Please print your name here	
Please sign your name here:	
Date:	

# MEDICAL INFORMATION AND CONSENT FORM

## Summer Program 2010

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_ Age at FPAC \_\_\_\_\_  
 Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Parents' Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Father's Work Phone: \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_  
 Additional Contact Information (Paggers, Mobile Phones, etc.) \_\_\_\_\_

### IN AN EMERGENCY CONTACT

1) Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Family Dentists: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Name of Contract Holder: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Carrier Name \_\_\_\_\_ Carrier Address \_\_\_\_\_  
 Certificate # \_\_\_\_\_ Group or Policy # \_\_\_\_\_ If Blue Cross: BC of (City): \_\_\_\_\_

### PARENTS OR GUARDIAN'S CONSENT

- 1) The information provided on this form is correct and complete as far as I know, and my child has my permission to engage in all FPAC activities except as noted.
- 2) I hereby authorize the FPAC director or FPAC medical staff to act on my behalf according to their best judgment. I hereby give permission to the medical personnel selected by the FPAC director to order X-rays, routine tests or treatment, to arrange necessary related transportation for my child, and to release any records necessary for insurance purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by FPAC to secure and administer treatment, including hospitalization, anesthesia or surgery for my child. This completed form may be photocopied to trips away from FPAC.
- 3) I hereby authorize the release of any information in connection with this form that the hospital or physician in their sole discretion may deem proper.
- 4) I hereby authorize payment of medical benefits to FPAC's designated physician, provider or hospital for services described herein.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Insurance Certificate Holder)* *(Parent or Guardian)*

### HEALTH HISTORY

General Questions (Explain "yes" answers below.)

***Has / does the student:***

1) Had any recent injury. Illness or infectious diseases?`	Y N	13) Ever had back trouble?	Y N
2) Have a chronic or recurring illness/condition	Y N	14) Ever had problems with joints (knees, ankles, etc.)?	Y N
3) Ever been hospitalized?	Y N	15) Have an orthodontic appliance brought to FPAC?	Y N
4) Ever had Surgery	Y N	16) Have any skin problems (itching, rash, acne, etc)	Y N
5) Have frequent headaches?	Y N	17) Have diabetes?	Y N
6) Ever had any serious injuries?	Y N	18) Have asthma?	Y N
7) Wear glasses, contacts or protective eye wear?	Y N	19) Had mononucleosis within the past 12 months?	Y N
8) Ever had frequent ear infections?	Y N	20) Had problems with diarrhea/constipation	Y N
9) Ever been dizzy or passed out during or after exercise?	Y N	21) Have problem with sleepwalking	Y N
10) Ever had seizures or other epileptic symptoms	Y N	22) If female, have an abnormal menstrual history?	Y N
11) Ever had high blood pressure?	Y N	23) Have an eating disorder?	Y N
12) Ever had heart trouble?	Y N	24) Ever had emotional difficulties which required professional help?	Y N

Explain any "Yes" answers below or on back.