



**LOS ANGELES THEATRE ACADEMY (LATA)
2011 AFTER-SCHOOL PROGRAM**

One form per participant is required.
PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent/Guardian's e-mail: _____

Birthday: ____/____/____ Entering Grade: ____

School: _____

After School, Tutoring and Art programs

Ages 4 to 17
Only \$30 a week

(Children will be picked up at Solano Avenue Elementary and walked to the Rec. Center.)
Elysian Recreation Center 929 Academy Road. Los Angeles, CA 90012

Monday, Wednesday, Thursday, Friday 2:30 – 6:00 pm
Tuesdays 1:30 – 6:00 pm

Make all checks and/or money orders payable to:
Los Angeles Theatre Academy (LATA)

For more information or to register your child call (323) 343-9922.

Performing arts classes, such as acting, dance, singing, guitar, and Halloween craft/prop making
Will be available independently from our after school program.

Additional information as to dates, times, and cost will be available soon...

The Los Angeles Theater Academy is a 501(c)3 non-profit organization.



Parent/Guardian Information

Name: _____ Driver's License _____

Work Phone: _____ Cell: _____

Name: _____

Work Phone: _____ Cell: _____

Are there any activities in which she/he should not participate? _____

Does your child have any allergies, special physical, behavioral and/or needs our staff should be aware of?
Please Explain: _____

Attention Parents:

- If you wish to discuss any health or behavioral related special instructions or additional information that is not on this registration form, please call us at our office (323) 343-9922 and schedule an appointment.

Health Information: (To be completed by parent/guardian.)

If your child has special needs, Please contact the Director at (323) 343-9922

Name of Physician: _____ Phone #: _____

Name of Dentist: _____ Phone #: _____

Carrier of family medical/hospital insurance and policy#: _____

Emergency Contact / Child Release Authorization

The Los Angeles Theatre Academy has my unrestricted permission to release the named minor at any time, to the following individuals, and to contact them in case of an emergency if the parents / guardians are unavailable.

Name: _____ Phone #: _____ Relationship: _____

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Name: _____ Phone #: _____ Relationship: _____

Parental/Guardian Consent

PHOTO RELEASE: The Los Angeles Theatre Academy or its assigned agents has my permission to use images (digital, film, tape, or video) of my child for promotion of LATA After-School Program.

BAD CHECK

A collection fee of \$25 will be charged for each returned check.

REFUND POLICY

Once your child's registration is processed, there are no refunds, make-ups (for missed or sick days), or option changes once a session has begun.



PARENTAL CONSENT

- I give permission for my child to participate in the Los Angeles Theatre Academy's After School Program activities, including occasional short field trips.
- I agree to hold harmless the Los Angeles Theatre Academy and its officials, agents, or employees, for injury to my child as a result of participation in the Los Angeles Theatre Academy's After-School Program. I also understand that any participant who does not cooperate with the program staff may lose privileges to program activities and may be expelled from the after school program.

MEDICAL CONSENT

- As the parent, legal guardian, or authorized representative, I hereby give consent to the Los Angeles Theatre Academy After-School Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DR) or Dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

PARTICIPATION AGREEMENT *(Please go over these items)*

1. Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
2. All medications will be brought directly to the site staff in accordance with the Medications Policy.
3. Willful destruction of property will be the responsibility of the participant's parent/guardian.
4. Participants must remain within established boundaries wherever the program occurs.
5. LATA is not responsible for lost, damaged or stolen personal belongings.

The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

By Signing Below, I Agree That:

- ✓ I have read and understand the parent/guardian consent.
- ✓ The named minor has my permission to participate in LATA programs and field trips.
- ✓ I give my permission for any pictures taken of my child participating in LATA events to be used for publicity purposes.

Printed Name & Date of Parent/Legal Guardian

Signature & Date of Parent/ Legal Guardian

I have read, understand, and agree to all of the After-School Program information outlined in this registration form.

Parent Printed Name _____ **Date** _____

Parent's Signature _____ **Date** _____

Please submit your completed registration form in person to Alejandra Flores:

Location: 929 Academy Road, Los Angeles, CA 90012 (M-F 3-6pm)

or

Scan and e-mail to: latheatreaca@yahoo.com



For further information or questions, please call us at:

LATA MAIN Office: (323)343-9922 or Alejandra Flores, Founder: (323)333-3787