

## **THEATRE33 Youth Group: Registration Packet**

1. Theatre33 Registration Guide - **Information Only**
2. Theatre33 Registration Form – **Fill & Sign**
3. Student’s Code of Conduct and Participation Agreement – **Review & Sign**
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**THEATRE33**  
**2024 - 2025 SEASON**  
**Registration Instructions**

Welcome to the new season at Theatre33. Enclosed you will find the necessary information and materials to register for the upcoming education programs. All forms are available on our website under student login: <https://www.theatre33wa.org/youth-group>

**KEY DATES**

- **September 12, 2024** - Registration begins
- **September 19, - December 12, 2024** - Fall Session
- **January 6 - March 27, 2025** - Winter Session
- **March 30 - June 19, 2025** - Spring Session

**REGISTRATION CHECKLIST (Due upon registration)**

- Registration form
- Registration Fee
- Signed - Student's Code of Conduct and Participation Agreement
- Signed - Parent's Code of Conduct
- Signed - Theatre33 Class Guidelines
- Signed - Photo and Video Release Authorization

**CLASSES:**

- **ALL STUDENTS** - First day of the 2024 - 2025 season will be September 19, 2024. Last day of the 2024 – 2025 season will be June 19, 2025
- Theatre33 classes will continue through the mid-winter and spring breaks.

**FEES:**

- **New Student Registration fee: \$50 PER STUDENT (NO discounts may be applied).**
- **Class fees:**
  - \$625/session or three payments of \$225

**PAYMENT TERMS:**

- Monthly payments - 1<sup>st</sup> payment – **at registration/beginning of session**; Subsequent payments will be invoiced every four weeks and need to be paid within 5 days.
- Late payments will incur a \$15 late fee.

**DISCOUNTS:**

Family Discount: 10% discount on class tuition fee for siblings. NOTE: ALL NEW STUDENTS PAY THE FULL REGISTRATION FEE.

**HOW TO REGISTER:**

All forms can be e-signed or printed out and signed and delivered to Theatre33 during registration or when joining the class. Checks are to be made payable to Theatre33, and can be delivered in person or mailed to: Theatre33, 243 169th Ave NE, Bellevue, WA 98008. We can also accept payment via credit card and you have an option to set up autopay.

**ADDITIONAL INFORMATION:**

**Session Commitment** - Upon registration, students are committing to the entire session (Fall, Winter or Spring). Class fees **will not be refunded** if students withdraw during the session. If the monthly payment option is used, **the remaining session fees will still be due. We do not issue prorated refunds for missed classes.**

**Billing** – Currently, we are able to accept tuition payments by cash, check, credit cards and Paypal. You can also choose to sign up for autopay.

**FEES DUE UPON REGISTRATION - LOOK-UP TABLE:**

**Table 1A: Single Student Rates – Full Session Payment at Registration\***

<b>Registration Fee</b>	<b>Tuition</b>	<b>Due at registration</b>
\$50	\$625	<b>\$675</b>

**Table 1B: Single Student Rates – Monthly Payments\*\***

<b>Registration Fee</b>	<b>First Month</b>	<b>Due at registration</b>	<b>Second Month</b>	<b>Third Month</b>
\$50	\$225	<b>\$275</b>	<b>\$225</b>	<b>\$225</b>

\*\* Monthly Payments - **Second and Third months payments will be invoiced and will be due in the event that the student withdraws during the session. There are no prorated refunds for missed classes.**

Note: These tables have been provided to facilitate the preparation and processing of forms. Although we have checked the tables for accuracy, we reserve the right to make corrections should an error exist in these tables. You are responsible for the fees specified in this document.

## Theatre33 Youth Group Class Schedule

Class	Meeting times
Drama club (Bilingual)	Mondays and Wednesdays, 5:30-6:30 pm*
Drama club (Russian only)	Mondays and Wednesdays, 5:30-6:30 pm*
Acting studio, beginning (Russian)	Tuesday and Thursdays, 5:30-6:30 PM
Acting studio, advanced (Bilingual)	Mondays and Wednesdays, 5:30-6:30 pm*

• Winter break (No classes): 12/13/2024-1/5/2025

\* Nov 28 is a holiday.

If classes are canceled by Theater33, they will be rescheduled.

**THEATRE33 Youth Group**  
**REGISTRATION FORM**  
**(one form per student)**

STUDENT'S NAME (print) \_\_\_\_\_ Age \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Student Phone # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Student Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent(s) or Guardians Name(s) \_\_\_\_\_

School District Student Attends \_\_\_\_\_

Person to be notified in case of emergency, if parent unavailable

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does the student have any allergies, illness, or physical limitations, or other problems that you would like to share? \_\_\_\_\_

\_\_\_\_\_

**FEES:**

**(see Registration Guide for explanation of fees)**

Class: Club \_\_\_\_ Studio \_\_\_\_ Russian \_\_\_\_ Bilingual \_\_\_\_

Registration Fee: \$50

Class Fee: Session: \_\_\_\_\_ (\$625)

Or Monthly: \_\_\_\_\_ (\$225)

I hereby release Theatre33, its owner, instructors, officers, board members and/or representatives from any liability which may arise out of my child's participation in any of said activities, games, practices, or participation in class, and to hold said entity, its officers, board members, instructors, and/or representatives harmless from any expense or claim for damages which may be incurred on behalf of such child for any injury or accident which may occur in connection with such child's participation herein.

I understand that Theatre33 is a non-profit 501(c)(3) organization, with maintenance and operations supported by the parents of the students, and other interested parties, and I agree to reasonably assist in the activities of the program when requested to do so.

I agree to abide by the rules and regulations of Theatre33 in making this application for my above-mentioned child to participate in Theatre33's Youth Group program during the current season.

SIGNED \_\_\_\_\_

NAME: \_\_\_\_\_

DATE \_\_\_\_\_

**Please deliver payments and registration to:  
Theatre33, Irina Bogdanova  
or mail your registration packet to:  
Theatre33, 243 169th Ave NE, Bellevue, WA 98008**

**ALL CLASS CORRESPONDENCE WILL BE VIA E-MAIL ADDRESS, PARENT PHONE NUMBER(S)  
PROVIDED or VIA META MESSENGER**

## Student's Code of Conduct and Participation Agreement

Congratulations! You are about to be a part of something really special!

Parents, please take the time to read the following with your actors. When you finish, sign that you both have read and understand what will be expected during the classes. Theatre is fun and creative, but is also a big commitment. Your director and your fellow actors want you to succeed.

To be successful you are expected to be at every rehearsal/class.

I \_\_\_\_\_ (actor's name) and  
\_\_\_\_\_ (parent's name) understand that,

- I will follow the rules and be respectful of my instructor and my fellow actors.
- If I have any problems or questions I can always talk to the instructor before and after class.
- Like all performing arts, it takes practice outside of rehearsals. I will come prepared with the work the instructor has assigned.
- I will challenge myself to make new friends and have new experiences. I will treat all actors as my friends and support them through this adventure.
- I will have fun and keep communicating with all the adults that are here to help me.
- If I know that I have to be absent, running late, or leave early, I will tell my instructor beforehand.

### **Unacceptable Behavior:**

- Refusing to follow the guidelines and rules  
obscenity
- Stealing or damaging property
- Using profanity, vulgarity or  
obscenity
- Disrupting the program

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

## **Parent's Code of Conduct**

As parent(s) of a Student of Theatre33 Youth Group, I/we agree to the following:

### **General Guidelines:**

- Treat instructors, parents, facility staff, and students courteously and with respect at all times. Let the words you speak be uplifting to that person.
- Stay informed by reading all class communications.
- Keep my contact information up to date and regularly monitor my email for class information.
- Encourage/ensure my student(s) attend classes regularly and punctually.
- Communicate any concerns or suggestions directly to my student's instructor or the Youth Education Program Director.
- Should I choose a monthly payment option, to submit payment within 5 days of receiving the invoice.
- In the event that my student(s) chooses to discontinue attendance mid session, I understand that I am still responsible for the remaining monthly payments.
- Respect the instructor's decision with regards to teaching. If I have a concern that I feel is not being addressed by the instructor, and I feel that I am not able to communicate my concern with the instructor, I will contact the Youth Education Program Director.

**By signing this form, I am committing to meeting the guidelines and expectations contained herein. I understand that failing to do so may result in actions taken by Theatre33 staff and management as deemed appropriate.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Theatre33**  
**Photo and Video Release Authorization**

I grant to Theatre33 the right to take photographs and/or video of me and my family in connection with their classes, performances, parties and events. I authorize Theatre33, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Theatre33 may use such photographs and/or videos of me and my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, social media and web content and grant applications. I will speak with management to discuss my options

I have read this Photo and Video Release Authorization and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

By signing below, I grant authorization to use photographs and/or video.

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Print name of Participant

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Print name of Guardian

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Signature of Participant or Guardian

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Date