

# Saratoga Children's Theatre

## CLASS PARTICIPATION AGREEMENT

Class: \_\_\_\_\_ Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent phone (preferred #): \_\_\_\_\_ Parent email: \_\_\_\_\_

### **Walker's Release**

Saratoga Children's Theatre, Inc. requires children to wait inside the rehearsal/performance space for a parent/guardian to pick them up. Children may be authorized to leave without a parent/guardian. Your signature below indicates your authorization for your child to be released without a parent/guardian.

My child \_\_\_\_\_ has my permission to leave SCT premises at the end of rehearsal.

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

### **Video/Photo Release**

I hereby grant Saratoga Children's Theatre, Inc. the right to use photograph(s), video(s) or interview quote(s) of \_\_\_\_\_ (my child) for the purpose of promoting and/or advertising the benefits of Saratoga Children's Theatre, Inc.

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

### **Medical Release**

The above named child is in good health. In the event that I cannot be reached for an emergency requiring medical attention, I hereby grant permission to the Saratoga Children's Theatre, Inc. staff and volunteers to transport my son/daughter to a doctor or hospital and to a physician or hospital personnel designated by the staff to attend my child.

Parent/Guardian Signature \_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_ Doctor Name and Phone: \_\_\_\_\_

Health Insurance Company and Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Behavior Policy and Procedures** We feel Saratoga Children's Theatre, Inc. offers a special place where Children can feel comfortable, safe, non-threatened, exploring and expressing with their personal creativity. Inappropriate behavior and continual discipline problems cause difficulty for staff and other children. Saratoga Children's Theatre, Inc.'s objective is to deal promptly and fairly with behavior problems. It is our aim to resolve behavior problems in order to avoid the child's dismissal from the program. If necessary, the following procedure will be followed:

1. At the first instance, SCT staff will speak directly with the child to correct their behavior and/or resolve the situation.
2. If behavior/situation continues or is not resolved, SCT staff will notify the parent/guardian for assistance.
3. Inappropriate behavior that continues will result in dismissal from the program by the SCT Executive Director. PLEASE BE AWARE THAT NO REFUNDS WILL BE GIVEN.
4. Certain extreme negative behavior (physical or otherwise) may warrant an immediate dismissal upon the discretion of the SCT Executive Director.

### **Late Pick-up Policy**

Please be aware that a late fee will be charged if your child is not picked up by the scheduled end of class. You are expected to either pick your child up on time or to arrange for an alternate person to pick them up.

Late pick-up fees will be charged after the first 10 minutes. An initial fee of \$10.00 plus an additional \$5.00 for each 5 minutes, or portion thereof, will apply. Late fees are payable in cash to the SCT staff member that remains with your child. **I/We have read and understood the Behavior Policy and Late Pick-up Policy outlined above. My signature here indicates my acceptance of these policies.**

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_