## Center for the Arts at Edgebrook Community Church 6736 N Loleta Avenue, Chicago, 60646 edgeofthewood.com (773) 775-1140

Thank you for your interest in the Edge of the Wood Theatre School. Please complete this application and return it to the address above.

## **APPLICATION**

Name of Student			
Address		Zip	)
Phone number		Age Birth Date	
Name of Parent/Guardian	1		
Work number(s)	e-mail (p	lease!)	
Previous theatre experien What school do you atten	·		
I wish to enroll in the foll 50-minute class, ages 4-5 \$205 for 14 weeks	One-hour class, ages 6-8 \$265 for 14 weeks	t choice and 2 for second choi 90-minute class, ages 9-13 \$345 for 14 weeks	ce): Two-hour class, ages 12-18* \$475 for 18 weeks
Tuesday, 3:00-3:50	Monday, 4:00-5:00	Monday, 5:00-6:30	Thursday, 5:30-7:30
Friday, 5:00-5:50	Tuesday, 4:00-5:00	Tuesday, 5:00-6:30	Saturday, 10:00-12:00
	Friday, 4:00-5:00	Wednesday, 4:00-5:30	*Students age 12 need instructor approval.
		Thursday, 4:00-5:30	er
If you are interested	in private voice lessons, please	check here and we will contact you	u with more information.
Class Schedule, if notice is given	by the student before the start of classe	be refunded if student is not able to attend s. <b>Students should plan to be available</b> begin Monday, February 6 <sup>th</sup> . Two-hour c	for additional rehearsals prior to
which includes a \$50.00 non-refuse students are admitted to the Edge	ndable deposit. I agree to pay the rema of the Wood School of Theatre Program	gram. I am enclosing payment for 50% of the control of the selection of the grammatic payment for 50% of the most of the selection with the agreement that they shall resperefunded if the student is dismissed or sustained.	the session. I understand that eet and adhere to the rules and
Edge of the Wood Theatre may us	se any photos or video of my child for p	public relations and promotional purposes	
Parent/Guardian Signature			