

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				
Work number(s)	e-mail (p	lease!)		
Previous theatre experience?				
What school do you attend?				
How did you hear about us?				
I wish to enroll in the follow 50-minute class, ages 4-5 \$210 for 14 weeks	ring class (put a 1 for first One-hour class, ages 6-8 \$280 for 14 weeks	90-min	d 2 for second choice ute class, ages 9-13 r 14 weeks	Two-hour class, ages 12-18* \$495 for 18 weeks
Monday, 3:00-3:50	Monday, 4:00-5:00	N	Monday, 5:00-6:30	Thursday, 5:30-7:30
	Tuesday, 4:00-5:00	T	uesday, 5:00-6:30	Saturday, 10:00-12:00
	Friday, 4:00-5:00	W	Vednesday, 4:00-5:30	*Students age 12 need instructor approval.
		T	hursday, 4:00-5:30	
If you are interested in p	private voice lessons, please o	check here as	nd we will contact you	with more information.
Days are subject to change due to class Class Schedule, if notice is given by t and in the opening week of perform 19.	he student before the start of classes	s. Students sh	ould plan to be available fo	or additional rehearsals prior to
I wish to enroll my child in the Edge of which includes a \$50.00 non-refundal students are admitted to the Edge of the regulations of the program. No rebate	ole deposit. I agree to pay the remaine Wood School of Theatre Program	ining balance b n with the agre	by the eighth (8 th) week of the ement that they shall respect	e session. I understand that and adhere to the rules and
Edge of the Wood Theatre may use an	ny photos or video of my child for p	oublic relations	and promotional purposes.	
Parent/Guardian Signature				