

***CHILDREN'S EXPERIMENTAL  
THEATRE***

***THEATRE ARTS  
SUMMER INTENSIVE  
PROGRAM  
2008***

***REGISTRATION PACKET***

**(Please obtain your MPC form to accompany this form.)  
(Registration is not complete without your MPC form.)**

*Children's Experimental Theatre, Inc.*

*INDOOR FOREST THEATRE*

*P. O. Box 3381*

*Carmel, California 93921*

*Phone: (831) 624-1531*

*Fax: (831) 624-4889 or 375-0499*

*Website: [www.cetstaffplayers.org](http://www.cetstaffplayers.org)*

*Email: [cetsprc@aol.com](mailto:cetsprc@aol.com) or [cetmanager@comcast.net](mailto:cetmanager@comcast.net)*

# ***CHILDREN'S EXPERIMENTAL THEATRE, INC.***

At the Indoor Forest Theatre, Mountain View & Santa Rita  
P.O. Box 3381, Carmel, California 93921  
Phone/Fax: (831) 624-1531  
Email: [cetsprc@aol.com](mailto:cetsprc@aol.com) or [cetmanager@comcast.net](mailto:cetmanager@comcast.net)

## ***Children's Theatre Specialists Since 1960!***

Registration for Admission for Summer Intensive Program 2008

***Child's Name:*** \_\_\_\_\_ ***Home Telephone:*** \_\_\_\_\_

***Date of Birth:*** \_\_\_\_\_ ***Current Age:*** \_\_\_\_\_

***Nickname:*** \_\_\_\_\_ ***Boy:*** \_\_\_\_\_ ***Girl:*** \_\_\_\_\_

***School:*** \_\_\_\_\_ ***Current Grade:*** \_\_\_\_\_

***Residence Address:*** \_\_\_\_\_

\_\_\_\_\_ ***Zip Code:*** \_\_\_\_\_

***Mailing Address:*** \_\_\_\_\_

\_\_\_\_\_ ***Zip Code:*** \_\_\_\_\_

### ***GUARDIAN or FATHER'S INFORMATION***

### ***GUARDIAN OR MOTHER'S INFORMATION***

***Father's Name:*** \_\_\_\_\_ ***Mother's Name:*** \_\_\_\_\_

***Driver's License #:*** \_\_\_\_\_ ***Driver's License #:*** \_\_\_\_\_

***Occupation:*** \_\_\_\_\_ ***Occupation:*** \_\_\_\_\_

***Employer:*** \_\_\_\_\_ ***Employer:*** \_\_\_\_\_

***Work Phone:*** \_\_\_\_\_ ***Work Phone:*** \_\_\_\_\_

***Child Living with: Both Parents*** \_\_\_\_ ***Mother Only*** \_\_\_\_ ***Father Only*** \_\_\_\_ ***Other*** \_\_\_\_

## **Contract for CET Summer Intensive - Program 2008**

**Dates:** This contract is for classes beginning June 23, 2008 through July 18, 2008.

**Contract Due Date:** A completed and signed registration packet for the 2008 Summer Intensive Program must be received by us and all forms must be completed for our records by June 10<sup>th</sup>, unless other arrangements have been made with the manager.

**Contracted Classes & After-hours Care:** The session runs Mondays through Fridays, 9:00 a.m. until 4:00 p.m., for four weeks. Students need to bring a sack lunch – a snack will be provided. Consistent attendance is advised and encouraged. Students must be picked up promptly at 4:00 p.m. Parents will be charged for late pickup at the Extended Care rate listed below. You will be billed for late pickup and payment is due within 10 days of receipt of statement or by the end of the term. For an additional \$50 per week, we will provide child-care until 5:00 p.m.

**Tuition & Fees:** There is a non-refundable registration/insurance fee of \$50.00 per child and tuition is \$600 for the term. The registration fee and a \$200 deposit is due no later than June 1<sup>st</sup>, the remainder is due by the first day of the session. Any balance due must be paid by June 23 or student risks suspension until full payment is made. All materials and costs are included in the tuition fee. Your contract can be canceled for non-payment of fees or for delinquent payments. The parent/guardian/sponsor agrees to be personally responsible for all fees. **Tuition paid after June 1 does not receive a discount.**

**Discounts:** Early registration – by June 1<sup>st</sup> and paid in full - concurrent registration of siblings, and regular CET students will receive a \$25 discount on tuition. To receive discounts in these areas tuition must be paid in full by June 1<sup>st</sup> and all forms submitted..

**Refund Policy:** There will be no credits or refunds for days that your child does not attend. This includes days you take off for family vacations, illness, holidays, days we are closed due to forces of nature, etc. This contract is made for the entire term. Therefore, without written notification by the end of June 23<sup>rd</sup>, no refunds will be given. **No refunds will be made after June 23, 2008 - opening day of classes.**

**Late Registration:** Late registration will **not** reduce tuition. Tuition will be charged for the entire term, regardless of when the child is registered, unless other arrangements have been made beforehand with the Managing Director. The non-refundable registration & insurance fee of \$50.00 will be due and payable along with tuition in full by the first day of class, unless other arrangements have been made.

**Withdrawal Policy:** If you must withdraw your child during the program term, **written notice of withdrawal is required.** You will be financially responsible for any remaining tuition due. A limited number of openings require that full and non-refundable tuition must be paid for each child. For those withdrawing after June 23<sup>rd</sup>, **all** tuition must be paid by time of withdrawal, unless other arrangements have been made with the Managing Director prior to withdrawal. A refund will then be prorated, less

registration/insurance fees of \$50 and a processing fee of \$50: 75% in Week 1, 50% in Week 2, and 25% in Week 3. No refund will be given after Week 3.

**Termination of Contract:** We reserve the right to terminate this contract if we cannot meet the needs of your child or if you or the student will not abide by our policies. We reserve the right to expel a student for serious, disruptive behavior problems that include physical or verbal harassment, violence, and/or refusal to participate in class activities or to follow the directions of instructors, or such behavior by the student's parents. If a parent refuses to abide by CET policies, a student may be expelled and/or suspended for such behavior. This contract may be terminated in writing by either party.

**Disputes:** Please note that the Managing Director is the ultimate arbiter of any dispute. Before contacting the Managing Director, CET policy dictates contact with the Lead Teacher or Program Manager on-site at these programs. If such contact does not resolve things for you, please contact the Artistic Director. If that, in turn, does not fulfill your needs, please contact the Managing Director. If you have a concern or dispute that cannot be resolved by the immediate staff on site, please notify the Managing Director immediately to discuss your concerns; we will make every effort to resolve your issues.

**Attendance:** If your child is unable to attend due to illness or other circumstance, we ask that you notify us by 9:00 a.m. of that class day, or as soon as possible. Regular and timely attendance is strongly advised and encouraged.

**MPC Concurrent Registration:** CET participates in the Monterey Peninsula College class-away-from-the-campus program for all applicants, grades K-8 and 9-12. You are expected to fill out the MPC forms included in the registration packet by June 10th; concurrent registration is required. Participation in this concurrent registration allows CET to maintain its modest charges. All forms should be completed before school is out for the summer. We will accept MPC forms with school-parent-student signatures through the first week of the session. See the instruction sheet attached to this packet for answers to your questions. You must fill out the *entire* form except class numbers & descriptions; details of the two sequential classes will be filled in by staff.

**Returned Checks:** A service charge of \$25.00 will be billed for the first returned check. After one returned check, all future payments must be paid in certified check, money order, or credit card. This is our standard policy. *No exceptions will be made.*

**Days we are closed:** CET observes all traditional school calendar days off, including Labor Day Weekend, Thanksgiving, Christmas, New Years, Easter, and 4<sup>th</sup> of July. We do not observe Memorial Day weekend because of its proximity to The Spring Play Festival. Weekends are not scheduled during the summer. Should you need to contact the Summer Session Program Director, please call 624-1531.

**The student named below** will be enrolled in the Summer Intensive program offered by Children’s Experimental Theatre, Inc. and will participate in daily classes and activities for the period commencing June 23, 2008 through July 18, 2008.

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Parent/Guardian Signature**      **Parent/Guardian Signature**

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Responsible for Payment:** \_\_\_\_\_

**Program Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The student listed below agrees to participate in all activities in a mannerly and cooperative fashion. He/She further agrees to follow the directions of the Teacher in Charge or Program Manager and to bring any problems to the attention of the Teacher in Charge, Program Manager or the Managing Director. We will make every effort to resolve any problem as soon as possible.

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**EXTENDED CHILDCARE?** Yes? \_\_\_\_\_ No? \_\_\_\_\_

**WEEK 1 - \_\_\_\_\_ \$50.00**

**WEEK 2 - \_\_\_\_\_ \$50.00**

**WEEK 3 - \_\_\_\_\_ \$50.00**

**WEEK 4 - \_\_\_\_\_ \$50.00**

**TOTAL TUITION DUE:**                    \$ \_\_\_\_\_

**TOTAL PAID:** \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BALANCE DUE BY JUNE 23rd:**    \$ \_\_\_\_\_

**Please Fill Out All Forms, including MPC forms, and Return ASAP! Thank You!**

Children’s Experimental Theatre, Inc. is a private 501 (c) 3 non-profit. Donations are fully tax-deductible.

**CHILDREN’S EXPERIMENTAL THEATRE  
Summer Intensive Theatre Arts Program 2008**

**FIELD TRIP AUTHORIZATION**

I/we \_\_\_\_\_, parents of  
\_\_\_\_\_ will allow him/her to leave the school  
premises with Children’s Experimental Theatre staff. The children will  
be transported either by CET van or on foot.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

**PHOTOGRAPHIC RELEASE**

I hereby give permission for my child’s likeness and/or  
photograph(s) of their term in the Summer Intensive to be used on the  
Children’s Experimental Theatre website or for purposes only of public  
relations and to share with foundation staff for grant purposes. No  
commercial use will be made of my child’s photograph or likeness  
except without express written permission.

\_\_\_\_\_  
Signature of Parent                                      Name of Student

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

**Children’s Experimental Theatre, Inc.  
Emergency and Identification Information**

***Family Information***

Child’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Home Ph.: \_\_\_\_\_

Bus. Ph.: \_\_\_\_\_ Mobile Ph.: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Home Ph.: \_\_\_\_\_

Bus. Ph.: \_\_\_\_\_ Mobile Ph.: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

**Names of Persons Authorized to Take Child from Facility (This child will not be allowed to leave with any other person without written authorization from parent of guardian.)**

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

**Additional Persons Who May be Called in Emergency to Take Child from the Facility?**

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**Physician to Be Called in Emergency**

Name	Address	Telephone
_____	_____	_____

**If physician cannot be reached, what action should be taken?** \_\_\_\_\_

**Medi-Cal Number:** \_\_\_\_\_

**Medical Ins.:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Allergies or Other Medical Limitations**

\_\_\_\_\_  
\_\_\_\_\_

**Permission for Medical Treatment. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.**

*In case of an accident or an emergency, I authorize a staff member of Children’s Experimental Theatre to take my child to the above-mentioned physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

**Signature:** \_\_\_\_\_  
**Parent or Guardian**

**Date:** \_\_\_\_\_

**Parent Report**

[All answers are confidential]

**Please take home this questionnaire, review and answer the following questions and return by the first day of class. These questions are designed to help our teaching staff to best teach your child. All answers are voluntary and are kept confidential; however, information of a critical nature that is withheld and that results in serious disruption or injury may result in expulsion.**

**Please describe your child’s general disposition:**

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**How does your child get along with siblings, other children, parents or guardian?**

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**Does your child have any particular “dislikes” we should be aware of? (i.e., particular situations, things that make him/her angry or upset or uncomfortable?)**

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**Does your child have any special sensitivities (i.e., light, sound, touch)?**

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**Does your child have any special fears?**

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**Has your child had any special, difficult or unusual experiences of which we should be aware?**

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**Has your child had or does he/she have any allergies, vision or hearing difficulties, or other health related limitations or problems that we should be aware of? Is your child on medication? Will we need to assist your child in taking their medication?**

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**VISA – MASTERCARD FORM**

**Visa/MasterCard (please circle one)**

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name on Card:** \_\_\_\_\_

**PLEASE CHECK ONE.**

**Tuition Conservatory Program: Date** \_\_\_\_\_

**Tuition Summer Intensive: Date** \_\_\_\_\_

**Tuition Break Session: Date** \_\_\_\_\_

## **MPC Form Instructions**

**PLEASE READ THIS CAREFULLY AND FOLLOW THE INSTRUCTIONS WHEN FILLING OUT YOUR MPC FORMS!**

**We realize it is a challenge filling out all the questions on the MPC forms for the Class-Away-From-The-Campus Program. However, we must insist that all forms be completed as asked to finalize registration.**

**All MPC forms, with appropriate signatures and *all requested residency information*, are due by first day of classes. We will fill out class numbers, departments, etc. Please get your school signatures done before school lets out or go to the District Office for your school!**

*All questions must be filled out completely, including dates.* For example, under the residency section it is asked when a California Driver's License was acquired: when it asks for month/day/year, it really means the month/day/year. One can use one's birth date at aged 18 to calculate if you do not recall the exact date.

The same is true for the question regarding when a parent was registered to vote in California. One can use one's birth date at aged 18 if you do not recall the exact date. Monterey Peninsula College requires this information to determine your residency status. This information is kept for a limited period of time and then destroyed.

**On the School Insert, all signatures must be provided including a school representative (school secretary, etc.) from your child's school, your own signature, and that of the Summer Intensive student.**

**For Home School students, an affidavit from your home school is *required* in lieu of the school signature. Please provide this affidavit or a letter from your home school or consortium to accompany the School Insert portion of the form; your signature or that of the homeschool teacher will suffice.**

**Once your student has been registered with us, most of the information will be kept on file to ensure proper credit by Monterey Peninsula College. Unless you request otherwise, the next time forms are due we will gladly fill out the majority of forms: all that will be required are the signatures and/or home school affidavits.**

**We are endeavoring to make this process easier for parents! Please bear with us as we try to streamline this process! Thank you very much for your patience and diligence! The Staff of CET**