

Registration Instructions

- Complete ALL of the information on this form and return it (along with the waiver form) with payment via one of the methods indicated at the bottom of this page.
- Tuition must be paid in advance to secure registration.
- Please register only one student per form.
- Please fill out information for ALL parents and guardians responsible for the child.
- Confirmation will be sent via email; *valid email address required.*
 - To keep you informed about activities at Revels, you will be added to the Revels e-newsletter. You can cancel your participation at any time.

Student's Name: _____ Gender M / F / Undefined

Student's Date of Birth _____ Age: _____ Student's School _____ Grade _____

<p>1st Parent/Guardian -</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail Address: _____</p> <p>Relationship to Participant: _____</p> <p><input type="checkbox"/> This is the credit card billing address.</p>	<p>2nd Parent/Guardian -</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail Address: _____</p> <p>Relationship to Participant: _____</p> <p><input type="checkbox"/> This is the credit card billing address.</p>
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Fall Session, September - November 2019 – PLEASE CHECK AS APPLICABLE

- Little Dragons** (Ages 4-6, Grades Pre-K-1) Fridays **4:15-5:45pm**, 9/20-11/22, \$300 – **NO CLASS on OCT. 18**
- Hobby Horses** (Ages 7-8, Grades 2-3) Mondays **4:15-5:45pm** 9/16-11/18, \$300 – **NO CLASS on SEPT. 30**
- Jesters** (Ages 9-11, Grades 4-6) Thursdays **4:30-6:00pm**, 9/19-11/21, \$300

IF YOUR CHILD WILL BE PICKED UP FROM SCES/SSIMS, YOU MUST REGISTER THEM FOR ONE OF THESE BEFORE CARE OPTIONS:

- Before Care - Grades K-4**
3:50-4:15pm, \$20
- Before Care - Grade 5**
3:50-4:30pm, \$30
- Before Care/Homework Time - Grade 6**
3:10-4:30, \$45

NOTE: The date of Sharing is currently TBD, but will take place on a Thursday in November.

Special Needs/Notes: Parents **MUST** inform Washington Revels of any physical, cognitive, emotional and/or learning needs your child may have. Please contact our Education Manager at **301-830-4407** prior to enrollment to discuss **reasonable and respectful accommodations** and support strategies to ensure a successful experience in our After-School Workshops.

Registration Policies (*Please review all Washington Revels Education Policies as your signature indicates your agreement:*)
I have read and agree to all of the Washington Revels Education Policies. Washington Revels Education Policies can be found [on our website.](#)

Parent or Guardian name (please print): _____

Parent or Guardian signature: _____ Date _____

Payment Information: (Fill out only if returning by Mail or Fax, Email registrants should call 301-830-4406 and give CC # by phone)

- Check Enclosed (payable to *Washington Revels*) Tuition Total: _____
- Credit Card: Visa Mastercard American Express Discover

Name on card _____ Signature _____

Credit Card # _____ Exp. Date _____

MAIL: Mail the form complete with credit card info OR a check payable to "Washington Revels" to:
Washington Revels, Education Programs, 531 Dale Drive, Silver Spring, MD 20910

FAX: 1-888-587-9050 (credit card payment only) **EMAIL:** jblakeslee@revelsdc.org (credit card payment only)

For Financial Aid & Scholarship information, please call 301-830-4406 or email jblakeslee@revelsdc.org

WAIVER OF LIABILITY FOR ILLNESS OR INJURY

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. I agree to be responsible for any medical bills incurred resulting from illness or injury in connection with my child's participation at Washington Revels, as well as any damage or injury caused by my child. If I desire accident and medical insurance for my child, I will arrange for it. I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out of personal injury of any kind. If deemed necessary by Revels staff, I authorize Washington Revels to administer first aid and/or authorize medical treatment for my child, for which I will be financially responsible.

Child's Name

Parent's Name

Parent's Signature

PUBLICITY WAIVER

I hereby authorize Washington Revels, Inc. to use my child's photographic or video images, or voice recording, for the purpose of promoting Washington Revels after-school workshops, and also for promotion, advertising, or fundraising for Washington Revels and Revels projects in general, without prior inspection or approval by me. To that end, I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out the use of such images or voices recordings. When providing images or voice recordings for use in any public media, Washington Revels will not include or provide the name of any child without first obtaining written permission from the child's parents or guardians.

Child's Name

Parent's Name

Parent's Signature