

2011/2012 Old Brick Apprentice Permission Slip

Please have parents read, sign, and return this form immediately. (**Note:** this is a 2 page document)
Please print clearly.

Apprentice name: _____ Grade: _____

Parent's or guardian's name: _____

Address: _____

Phone numbers: (If you have two households please list both numbers also apprentice's cell phone number)

Parent's home # _____ Parent's cell # _____

Apprentice cell # _____ Other: _____

Apprentice e-mail: _____

Parent e-mail: _____

Emergency contact name & phone number: _____

School Apprentice attends _____

The fees: The cost of the Apprentice Program is \$250 if paid in advance. If you wish to pay monthly, the cost is \$35.00 per month for 8 months ***due on the first meeting of each month.*** Please make all checks payable to The Old Brick Playhouse Company. In the past, we have been generously granted scholarship monies from local individuals and businesses. If your family would like to request a scholarship for this program, please check the box below entitled "scholarship information" and we will send you scholarship information. **Request for scholarship assistance does not mean that it will be granted automatically. Tuition fees or scholarship requests are due on or before October 31st.**

I prefer to pay by (check one)

_____ Monthly (\$35 per month x 8 months), due at the first meeting of each month
or mailed to: The Old Brick Playhouse, P.O. Box 2716, Elkins, WV 26241

_____ In advance

_____ I am interested in applying for a scholarship please send Scholarship Information



Apprentice name: _____

Parents' Permission: I have read the OBP Program Information and give my son/daughter permission to participate in the Old Brick Playhouse Apprentice Program. By signing below, I agree to the terms of OBP Apprentice attendance policy and understand that this signifies a commitment to participate fully in the program.

Parent or legal guardian signature

date

Parent or legal guardian printed name

Photo Release

I hereby grant my permission for my son or daughter's likeness (either photographic or digital) to be used only in OBP marketing. Only photographs taken in the Old Brick Playhouse during regular programming will be used for the above mentioned purposes. If you do not wish for your son or daughter's photograph or likeness to be used for OBP marketing purposes, please send a letter indicating so and the student's name prior to the first regular meeting on October 31, 2011.

Parent or legal guardian signature

date

Parent or legal guardian printed name

Please note below any medical conditions or allergies about which the staff should be aware.

Noted Allergies or Medical Conditions: