

**STUDENT INFORMATION**  
(Please Print)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DoB / / AGE M F  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Race/Ethnicity (optional, requested for grants and donation information)

- ◇ ALASKA NATIVE                              ◇ HISPANIC/LATINX                              ◇ TWO OR MORE RACES
- ◇ AMERICAN INDIAN                              ◇ HAWAII NATIVE                              ◇ OTHER (Please Specify):
- ◇ ASIAN    ◇ PACIFIC ISLANDER                              \_\_\_\_\_
- ◇ BLACK/AFRICAN AMERICAN                              ◇ WHITE    \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Best Phone \_\_\_\_\_

*I understand that in the event of an emergency PRT/SoDA will make every effort to reach me but if that is not possible, they may have my permission to seek appropriate medical care through Community Hospital of the Monterey Peninsula. I understand that Pacific Repertory Theatre and SoDA will not be held responsible for any medical expenses for me or my child.*

Parent / Guardian Signature \_\_\_\_\_

**Standards of Student Behavior** Please read and sign this agreement.

*I understand and agree to behave in a respectful manner towards all SoDA instructors, students, materials, and locations at all times. My right to attend class(es) can be revoked should I not adhere to a proper behavior code.* Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Video Release** For valuable consideration received, I hereby grant SoDA and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs/videos of my child in class at SoDA, for editorial trade, advertising and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release SoDA of its legal representatives and assigns from all claims and liability relating to said photographs/videos.

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

**Classes for Children and Young People :**

<b>Showstoppers!</b>	(2 - 4 grade)	Mon	4:00P - 5:30P	2/10 - 5/12	<b>\$275</b>
<b>Musical in Motion</b>	(All Ages)	Tue	4:30P - 6:00P	2/11 - 5/6	<b>\$245</b>
<b>Tiny Tots Intro Music Theatre</b> (ages 4 - 5)		Wed	4:00P - 5:00P	2/12 - 5/7	<b>\$175</b>
<b>Tiny Tots Intro Music Theatre</b> (ages 6 - 7)		Wed	5:00P - 6:00P	2/12 - 5/7	<b>\$175</b>
<b>Playwrights in the Making</b>	(All Ages)	Thu	4:30P - 6:00P	2/13 - 5/8	<b>\$245</b>
<b>Musical Theatre Dance</b>	(6- 12 grade)	Fri	4:00P - 6:00P	3/7 - 5/9	<b>\$225</b>
<b>SA - Intro to Theatre/Perform</b> (1 - 3 grade)		Sat	9:00A - 9:55A	2/15 - 5/10	<b>\$175</b>
<b>SA- Make'Em Laugh/Improv</b> (4 - 5 grade)		Sat	10:00A - 10:55A	2/15 - 5/10	<b>\$175</b>
<b>SA- Intro Music Theatre</b>	(4 - 5 grade)	Sat	11:00A - 11:55A	2/15 - 5/10	<b>\$175</b>
<b>SA- Advanced Music Theatre</b> (6 - 12 grade)		Sat	12:00P - 1:55P	2/15 - 5/10	<b>\$285</b>
<b>SA- Play Production</b>	(6- 12 grade)	Sat	2:00P - 4:00P	2/15 - 5/10	<b>\$285</b>

**Add \$20 Registration Fee (Once per semester, per student)**

Make a Tax Deductible Donation

Registration Form SPR 2025\_1/14/2025

**PARENT/GUARDIAN**

Name \_\_\_\_\_

Street Address/Apt# \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Financial Aid for Children's Classes Requested.**

**(831) 622-0700**

sodapacrep@gmail.com

Complete this form and return to SoDA with payment

Classes and class times are subject to change.

**Peppy Garner & Darnell Whitt  
School of Dramatic Arts  
PO Box 222035  
Carmel, CA 93922**

Method of payment

CHECK/CASH Payable to PACREP     MC/VISA AMEX

Credit Card Number

Name on Credit Card

Exp. Date

The School of Dramatic Arts (SoDA) is a program of Pacific Repertory Theatre, a non-profit organization. Through your generous donations, the show goes on. **Please Donate Today!**