We are asking each parent and child to read and sign the following paragraph so both student and parent are aware of what is to be expected during the time the student is part of our theatre program. We want the theatre experience to be fun and educational and will only be able to be accomplished if these guidelines are followed by the students and supported by the parents. We look forward to having your child in the upcoming production and know that it will be a great experience for everyone involved!

I sign this document because I am aware of what is expected of me:

* I am to be here on time for rehearsals.
* I am to listen to the directors and Adult Mentor(s)
* I am to respect the theatre and my fellow actors.
* I am to give the directors advance notice of any of my absences.
* I understand that any absences the week before the show can greatly impact my performance in the show.
* I understand that all lines and songs will be memorized in a timely manner.
* If I have unexcused absences and do not have my lines memorized by the first day of tech. week, my understudy may be asked to take my place in the show.
* I understand that any talking, bullying, rude or inappropriate behavior, disrespect for my fellow students, directors, or Adult Overseers will cause my parents to be called and I will be picked up as soon as possible.
* I will wear my mask when not performing on stage or with the directors.
* I will not come to rehearsal if I am experiencing any flu-like symptoms or fever.

**As a parent, I will be sure to drop off and pick up my child on time when the class is scheduled to end. I will pay tuition in full before the end of the session unless an agreement is in place with the owner, Ariel Grenier, in advance of the session beginning.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the above requests.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_