



Acting Antics, Inc.
P.O. Box 545
Broomall PA 19008
www.actingantics.org
info@actingantics.org
610-942-4219

WINTER 2024 - 2025 PAJAMA PARTY & MORE CLASS REGISTRATION FORM

See below for **Payment Plan Deadlines**.
There are a **limited number of spaces and Scholarships**, so register today!

Saturdays -- NEW START DATE: NOV. 23!
November 23, 2024 - February 8, 2025 *

9 am - 12 pm

**Winter 2024/25 Class:
Pajama Party & More**

\$675.00
(or 2 payments, or 4)**

This all-abilities class will be full of our classic Acting Antics *antics*, fun, skits, improv, dancing, and games, and is open to ages 5 and up. Participants will rehearse and perform the creative and cozy musical, ***Pajama Party! A Musical Review About How Bedtime Can Be a Blast!***

All classes, rehearsals, and the final performance will be produced by and hosted at **SALT Performing Arts, 1645 Art School Road, Chester Springs PA 19425**.

The fun will happen on **Saturdays from 9am-12pm** starting on **OUR NEW START DATE: November 23**, and end with one **Showcase performance on Feb. 8**.

*** Feb. 15 will be the Showcase performance date if there is inclement weather on the 8th.**

There will be breaks in our schedule for holidays. All participants will receive a detailed schedule.

We ask that all scheduling conflicts be communicated to us as soon as possible so that we can all plan ahead and create the most fun experience yet!

COVID-19 safety measures will be taken. Masks are welcome but optional (with the understanding that that could change and we may make masks mandatory if COVID infection rates increase over time).

****A limited number of Scholarships are available. Please **see below** for details.**
Questions? Email us at info@actingantics.org or call 610-942-4219

PAJAMA PARTY & MORE CLASS REGISTRATION 2024/25

Actor's Name _____ Age _____

Parent's Names _____ Email _____
(Please print clearly)

Address _____ Phone Numbers:

Home: _____

Cell: _____
(For emergency use)

Actor's hobbies, special interests, skill areas:

Does your actor have a diagnosis? If so, please provide the name(s) of the diagnosis:

Does your actor know their diagnosis? _____

What do you consider your actor's three greatest social challenges?

If your actor becomes frustrated or upset, what are some things that are effective in calming them?

Does your actor have any medical issues, allergies (food or otherwise) of which we should be aware?

Does your actor have the support of a TSS or personal care assistant in their school program? _____

Do you anticipate that your actor will need this support during our workshop sessions? _____

The student (parent/guardian) waives all and any claims against ACTING ANTICS, INC., its staff, landlords, or lessors for any injuries, illness, or loss to myself or my child by any reason of participation in workshops, classes, performances, or other activities held by or in conjunction with ACTING ANTICS, INC. In addition, the undersigned acknowledges that in consideration of the student being permitted to participate in any ANTICS program, agree that the student has no medical conditions that would disallow participation and therefore will be responsible for and hereby release and agree to hold ACTING ANTICS, INC., harmless from any and all liability

by reason of injury to the student, themselves, their property, or dispute that might arise during any ANTICS activity or function.

Because this Acting Antics Master Class ends with a final performance that relies on each student's attendance, I agree that I will stay in communication with Acting Antics if any unforeseen conflicts arise that prevent them from attending dress rehearsals and the final performance.

I accept the conditions listed above. _____

Must be signed by parent/guardian for student under 18 years of age

I give permission for my student to be photographed and/or videotaped for instructional and internal purposes.

Parent/Guardian Signature

I give permission for photos and video footage to be used for publicity purposes, on the Antics website and related social media, and/or for the purposes of educating other parents and professionals about the Acting Antics techniques.

Parent/Guardian Signature

PAYMENT:

Please Note: *If you have unpaid tuition from previous classes, contact us to discuss arrangements.*

- This is \$675 total for the entire Fall/Winter session experience. You may pay in full all at once, or arrange a payment plan with us, or request one of a **LIMITED NUMBER** of Financial Assistance opportunities. See below for DEADLINES.

- **PAYMENT PLAN DEADLINES:** Unless prearranged, the first half of tuition is due by Dec. 21, 2024, halfway through the class, and the second half is due by Jan. 25, 2025, two weeks before the final performance.

- This year there are a **LIMITED NUMBER of Financial Assistance opportunities are available**, so **ACT QUICKLY** to get your application in! [Go to our website's Financial Assistance page](#) for details and an application, and feel free to ask us if you have any questions.

- Our **Sibling Discount** is 10% off of tuition, and all payment deadlines above apply.

Credit Card: Circle one: VISA MC

Exp. date ____ / ____ Code: _____

Zip Code: _____

Check or money order:

**Acting Antics
P.O. Box 545
Broomall PA 19008**

Check # _____

**You may also pay online with any of the options on our Payments page:
actingantics.org/payments**