



## LOS ANGELES THEATRE ACADEMY (LATA) 2010 AFTER-SCHOOL PROGRAM

*One form per participant is required.*

PLEASE PRINT CLEARLY

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian's email: \_\_\_\_\_

Camper's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child Care & Tutoring - Ages 4 to 17  
Only \$120 a month

Mondays, Wednesdays, Thursdays, and Fridays 2:30 – 6:00 pm

Tuesdays 1:30 – 6:00 pm

Elysian Park Therapeutic Center

929 Academy Road

Los Angeles, CA 90012

Make all checks and/or money orders payable to:  
Los Angeles Theatre Academy (LATA)

For more information or to register your child call (323) 343-9922.

Performing Arts classes, such as acting, dance, singing, guitar, and Halloween craft/prop making will be available independently from our after school program.

Additional information as to dates, times, and cost will be available soon...

The Los Angeles Theater Academy is a 501c3 non-profit organization.

**Parent/Guardian Information**

Name: \_\_\_\_\_ Driver's License \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are there any activities in which she/he should not participate? \_\_\_\_\_

Does your child have any allergies, special physical, behavioral and/or needs our staff should be aware of? Please Explain

\_\_\_\_\_

**Attention Parents:**

- If you wish to discuss any health or behavioral related special instructions or additional information that is not on this registration form, please call us at our office (323) 343-9922 and schedule an appointment.

**Health Information:** (To be completed by parent/guardian.)

If your child has special needs, Please contact the Director at (323) 343-9922

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Carrier of family medical/hospital insurance and policy#: \_\_\_\_\_

**Emergency Contact / Child Release Authorization**

The Los Angeles Theatre Academy has my unrestricted permission to release the named minor at any time, to the following individuals, and to contact them in case of an emergency if the parents / guardians are unavailable.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parental/Guardian Consent**

**PHOTO RELEASE**

The Los Angeles Theatre Academy or its assigned agents has my permission to use images (digital, film, tape, or video) of my child for promotion of LATA 2010 After-School Program.

**BAD CHECK**

A collection fee of \$25 will be charged for each returned check.

**REFUND POLICY**

Once your child's registration is processed, there are no refunds, make-ups (for missed or sick days), or option changes once a session has begun.

**PARENTAL CONSENT**

I give permission for my child to participate in the Los Angeles Theatre Academy's After School Program activities, including field trips. I agree to hold harmless the Los Angeles Theatre Academy and its officials, agents, or employees, for injury to my child as a result of participation in the Los Angeles Theatre Academy's After-School Program. I also understand that any camper who does not cooperate with camp staff will lose privileges to camp activities and may be expelled from camp.

**MEDICAL CONSENT**

- As the parent, legal guardian, or authorized representative, I hereby give consent to the Los Angeles Theatre Academy After-School Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

**PARTICIPATION AGREEMENT**

*Please go over these items:*

1. Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
2. All medications will be brought directly to the site staff in accordance with the Medications Policy.
3. Willful destruction of property will be the responsibility of the participant's parent/guardian.
4. Participants must remain within established boundaries wherever the program occurs.
5. LATA is not responsible for lost, damaged or stolen personal belongings.

The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

**By Signing Below, I Agree That:**

- ✓ I have read and understand the parent/guardian consent.
- ✓ The named minor has my permission to participate in LATA programs and field trips.
- ✓ I give my permission for any pictures taken of my child participating in LATA events to be used for publicity purposes.

**Printed Name & Date of Parent/Legal Guardian**

**Signature & Date of Parent/ Legal Guardian**

**I have read, understand, and agree to all of the After-School Program information outlined in this registration form.**

Parent Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your completed registration form in person to:**

**Location: 929 Academy Road, Los Angeles, CA 90012**

◆  
Or

**Scan and Email to:**

**[latheatreaca@yahoo.com](mailto:latheatreaca@yahoo.com)**

◆

**For further information or questions, please call us at:**

**LATA MAIN Office: (323)343-9922**

**Alejandra Flores, Founder: (323)333-3787**

**Patricia Alarcon, Exec. Dir.: (323)804-1198**

**Elysian Park Therapeutic Recreation Center Number: (323)**