



the
Rose

CLASS REGISTRATION FORM

Step 1: Parent/Guardian Information

Complete this form and mail to: Rose Theater, 2001 Farnam St., Omaha, NE 68102

Parent/Guardian 1

Full Name: _____

Cell Phone: _____

E-mail Address: _____

Relationship to Child: _____

☐ Same address as listed below

☐ Different address as listed below. Please use the following:

Parent/Guardian 2 or Emergency Contact

Full Name: _____

Cell Phone: _____

E-mail Address: _____

Relationship to Child: _____

☐ Same address as listed below

☐ Different address as listed below. Please use the following:

Step 2: Family Contact Information

Home Address: _____

City: _____ State: _____ ZIP _____

Home Phone Number: _____

Step 3: Individual Student Information

Copy this form as needed for additional students/classes.

Student #1

Name: _____

Birthday: _____
MONTH DAY YEAR

Grade: _____

School: _____

Classes:

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

Student #1 Total: _____

Student #2

Name: _____

Birthday: _____
MONTH DAY YEAR

Grade: _____

School: _____

Classes:

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

Student #2 Total: _____

Student #3

Name: _____

Birthday: _____
MONTH DAY YEAR

Grade: _____

School: _____

Classes:

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

CLASS NUMBER _____ CLASS NAME _____
\$ _____ per MONTH / SESSION (circle one)

Student #3 Total: _____

Total for all students: \$ _____

Step 4: Authorization & Photo Release

I authorize Omaha Theater Company (OTC), which includes The Rose Theater, The Rose Studios for Youth Artists, DRAMA at The Rose and BROADWAY at The Rose, its instructors and administrators, to use my child's photo in promotional materials, portfolios, teaching materials and other publications, including digital media. Please note that children are never identified when photos are used. Furthermore, I authorize OTC and all of its employees, agents, and representatives to provide my dependent with dance and theater instruction. I recognize the inherent dangers associated with such activities and realize that moderate to severe injuries are a possibility. I hereby release and absolve OTC and its employees, agents, and representatives from all claims and causes of action arising out of their care and instruction. I also agree to abide by all OTC policies, including the payment of a late fee, which incurs five days after the tuition due date.

Parent Signature: _____

Date: _____



Complete this form and mail to:
Rose Theater
2001 Farnam St
Omaha, NE 68102

www.rosetheater.org

Step 5: Payment

Tuition Information

Total tuition for all students

\$ _____

Session classes: Full tuition is due at registration.

Monthly classes: First month's payment due at registration.

Additional Fees

Concert Fee

(Dance & Musical Theater Students)

\$ _____

Intensive Fee *(Brigade & RDP Students)*

\$ _____

INTENSIVE MAJOR:

☐ ACTING ☐ DANCE ☐ VOICE

Registration Fee *(nonrefundable)*

(\$15 fee per family per year)

\$ 15.00

Rose Member Discount

(Registration fee waived for Rose members)

\$ - _____

Balance Due

\$ _____

Payment Options

☐ My check is enclosed.

☐ Please charge \$ _____ to my
(circle one):



☐ Yes, charge monthly.

☐ No, do not charge monthly.

Account # _____

CVC# _____ Expiration Date _____

Signature _____

**To inquire about a payment plan,
call (402) 502-4638.**