Writer's Block Purpose: To empower youth to advance key skills through all aspects of theater, reinforcing teamwork, accountability & responsibility, igniting social change on the page and stage.

Program Payment Information

Course Pricing $120 for 8 Saturday Sessions

I agree to the following payment arrangement for the **Saturday** 2015 Building Blocks Program Pay in Full in the amount of _____ for _____ Courses

Pay Monthly installments of _____ on the First Monday of each Month (include Monday dates)

Payment Amount enclosed: _____ Date:_____

Program Registration Information

Please note: **Registration** and **Program Fees** do not include additional costs associated with fieldtrips.

Please make checks payable to **"Writer's Block InK"** and include the Block student's name in the memo section.

Refund Policy: All payments are **non-refundable.** If a student is asked to leave any program due to poor behavior or violation of Writer's Block policies, no refund will be provided.

Program Registration Form

Student Name:_____ Age:_____ Gender:_____ DOB (M/D/Y):_____

Race (check all that apply): □ White □ Black/African American □ Asian: _____

□American Indian/Alaskan Native: (Tribe) _____ □ Native Hawaiian/Pacific Islander

Hispanic: □ No □ Yes: _____

School:_____ Grade:_____

Home Address_____

Email:_____ Cell Phone: _____

Allergies/Medications:_____

Talent/Academic Goal(s):_____

Parent/Guardian Name_____ Phone: _____

Address (if different):_____ Email:_____

Household Gross Income:

□ Less than $30,000 □$30,000 - $40,000 □$40,000 - $50,000 □$50,000 - $60,000 □ $60,000 -$75,000

□ $75,000 or more _____ # of Children in Household

Emergency Contact:_____ Relationship:_____ Phone:_____

Adults authorized to for student pick up/drop off (other than parent and emergency contact)

1._____ 2._____ 3._____

I.my child consent(s) that the Writer's Block Ink reserves the right to use all written, musical and artistic material created during the course of its programs for continued non-profit programming; to provide other learning institutions substrate for their own theatrical or other programs, and provide the Block participants with the opportunity to cite to future schools and/or employers their professional contribution(s) to Writer's Block Ink productions.

12 Masonic Street, New London, CT 06320; (860) 44-BLOCK or (860) 442-5625
www.writersblockink.org; Writersblock2@gmail.com

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, and that I am fully familiar with the contents thereof.

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____

If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand every effort will be made to contact the parent/guardian prior to emergency treatment.

Physician Name:_____ Phone:_____

Parent Signature:_____ Date:_____

I agree to deliver my child to the instructor no earlier than 15 minutes prior to the start of program and pick up no later than 15 minutes after program. I understand that Writer's Block Ink and its staff do not assume responsibility for transportation.

Parent Signature:_____ Date:_____

Program Scholarship Application

DUE NO LATER THAN ONE WEEK AFTER PROGRAM REGISTRATION

Some scholarships are available for Winter/Spring Session 2015. Please note:

•   Recipients must be 17 years old or younger and residents of New London County

•   Scholarships must be completed IN FULL to be considered

•   Full or partial scholarships are awarded based on need and availability

•   Preference is given to past participants in good standing with Writer's Block Ink

•   Scholarship Donors may specify preference or eligibility for scholarships

•   All Scholarship recipients MUST complete fundraising activities to defray costs (ad, t-shirt, and/or ticket sales, as examples)

Student: _____   Parent:_____

Address: _____

Phone: _____   School/Grade: _____

Areas of Interest (Choose Top 3 Choices): □ Rap □ Singing □ Writing □ Acting □ Drawing □ Dance □ Crew □ Music Production □ Magazine Production □ Set Design

Household Income:

(MUST PROVIDE COPY OF FAMILY'S MOST RECENT TAX RETURN (form 1040)):

□ Less than $30,000 □ ($30,000-$40,000) □ ($40,000-$50,000) □ ($50,000-$60,000) □ ($60,000-$75,000)

□ $75,000 or more   _____ # of Children in Household

Any other factors that you would like us to consider during the application review process:

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