



Thank you for being a part of Main Street Theater!

2018 EXTENDED DAY REGISTRATION FORM

REGISTRATION POLICY:

Registrations will NOT be accepted, and no place be held, without FULL payment. You will receive a confirmation email from Angela Harris of Sky in View. Do NOT send this form to the Main Street Theater Education Administrative Office. Submit this completed form with payment information to skynu2@gmail.com as a scan or clear/legible photo or if paying by cash or check (*made payable to Angela Harris*) send via USPS to:

Angela Harris
P.O. Box 2612
Houston, TX 77252

Students who are not picked up by the last hour listed for their location (ex. *Chelsea Market is 5:30PM and MATCH is 5:00PM*), a \$10 late fee will be charged for every 15 minutes, rounding up. This fee to be paid in cash or check when picking up student and given to the caregiver.

REFUND POLICY:

No Cash Refunds.

TAX ID INFORMATION:

The federal tax ID for the Extended Day Program is 26-4168111. If you require a receipt for the Extended Day Program, please contact Angela Harris directly at skynu2@gmail.com with your request.

SUMMER CAMP QUESTIONS?

For all summer camp questions not related to the Extended Day Program, please contact 713-524-7998 or email Cybil Saenz, cybil@mainstreettheater.com Jonathan Gonzalez, jonathan@mainstreettheater.com

CHELSEA MARKET
Before-Care (per week) \$45/week
 7:30AM - 8:45AM
 Ses. 1, 6/04 - 6/08 Ses. 3, 7/09 - 7/13
 Ses. 1, 6/11 - 6/15 Ses. 3, 7/16 - 7/20
 Ses. 2, 6/18 - 6/21 Ses. 4, 7/23 - 7/27
 (no class 6/22) Ses. 4, 7/30 - 8/03
 Ses. 2, 6/25 - 6/29 Ses. 5, 8/06 - 8/10
 Ses. 5, 8/13 - 8/17

Before-Care (per day) \$20/day
 7:30AM - 8:45AM; write in dates needed.
 Ses. 1, _____ Ses. 4, _____
 Ses. 2, _____ Ses. 5, _____
 Ses. 3, _____

CHELSEA MARKET
After-Care (per week) \$40/week
 3:30PM - 5:30PM
 Ses. 1, 6/04 - 6/08 Ses. 3, 7/09 - 7/13
 Ses. 1, 6/11 - 6/15 Ses. 3, 7/16 - 7/20
 Ses. 2, 6/18 - 6/21 Ses. 4, 7/23 - 7/27
 (no class 6/22) Ses. 4, 7/30 - 8/03
 Ses. 2, 6/25 - 6/29 Ses. 5, 8/06 - 8/10
 Ses. 5, 8/13 - 8/17

After-Care (per day) \$18/day
 3:30PM - 5:30PM; write in dates needed.
 Ses. 1, _____ Ses. 4, _____
 Ses. 2, _____ Ses. 5, _____
 Ses. 3, _____

MST @ MATCH: MIDTOWN ARTS & THEATER CENTER HOUSTON
Before-Care (per week) \$45/week
 8:00AM - 8:45AM
 Ses. 1, 6/18 - 6/22 Ses. 4, 7/16 - 7/20
 Ses. 2, 6/25 - 6/29 Ses. 5, 7/23 - 7/27
 Ses. 3, 7/09 - 7/13 Ses. 6, 8/13 - 8/17

Before-Care (per day) \$20/day
 8:00AM - 8:45AM; write in dates needed.
 Ses. 1, _____ Ses. 4, _____
 Ses. 2, _____ Ses. 5, _____
 Ses. 3, _____ Ses. 6, _____

MST @ MATCH: MIDTOWN ARTS & THEATER CENTER HOUSTON
After-Care (per week) \$40/week
 3:30PM - 5:00PM
 Ses. 1, 6/18 - 6/22 Ses. 4, 7/16 - 7/20
 Ses. 2, 6/25 - 6/29 Ses. 5, 7/23 - 7/27
 Ses. 3, 7/09 - 7/13 Ses. 6, 8/13 - 8/17

After-Care (per day) \$18/day
 3:30PM - 5:00PM; write in dates needed.
 Ses. 1, _____ Ses. 4, _____
 Ses. 2, _____ Ses. 5, _____
 Ses. 3, _____ Ses. 6, _____

TURBO CAMPS @ CHELSEA MARKET
Before-Care (per week) \$45/week
 7:30AM - 8:45AM
 7/02 - 7/06 (no class 7/04)
 8/20 - 8/24

Before-Care (per day) \$20/day
 7:30AM - 8:45AM
 7/02 7/03 7/05 7/06
 8/20 8/21 8/22 8/23 8/24

TURBO CAMPS @ CHELSEA MARKET
After-Care (per week) \$45/week
 3:30PM - 5:00PM
 7/02 - 7/06 (no class 7/04)
 8/20 - 8/24

After-Care (per day) \$18/day
 3:30PM - 5:00PM
 7/02 7/03 7/05 7/06
 8/20 8/21 8/22 8/23 8/24

Mail this completed & signed form to: Angela Harris P.O. Box 2612, Houston, TX 77252		Scan or Send a clear/legible photo of completed & signed form to: Angela Harris, skynu2@gmail.com		Questions or Need to contact your student? Call 713-443-9674	
Student Full Name:			Date of Birth: (MM/DD/YYYY)		Gender: M / F
Parent/Guardian Name(s):					
Billing Address:		City:	State:	Zip Code:	
Email: (REQUIRED)		Cell Phone:		Home Phone:	
By signing this document you acknowledge that all release forms and authorizations for MST's Summer Camp apply to the Extended Day Program. Any changes must be provided in writing. You also authorize Sky In View to use your credit card information for payment towards the Extended Day Program and acknowledge you have read the Extended Day Program registration and refund policies.					
Signature:			Date:		
Tuition Total: \$	<input type="checkbox"/> Check#:	(Attach) Made Payable to Angela Harris		<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card#:	Exp Date: /	CVV:	Billing Address Street#:	Billing Address Zip Code:	