



Thank you for being a part of Main Street Theater!

2019 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 jonathan@mainstreettheater.com. Do NOT send this form to the Main Street Theater Education Administrative Office. Submit this completed form with payment information to jonathan@mainstreettheater.com as a scan or clear/legible photo or if paying by cash or check (made payable to Main Street Theater), send via USPS to:

MST Extended Day c/o Jonathan
3400 Main St Ste 277
Houston, TX 77002

Students who are not picked up by the last hour listed for their location (ex. Rice Village 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 Jonathan Gonzalez directly at jonathan@mainstreettheater.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 Jonathan Gonzalez, jonathan@mainstreettheater.com

RICE VILLAGE		RICE VILLAGE	
Before-Care (per week)	\$45/week	After-Care (per week)	\$40/week
7:30AM - 8:45AM		3:30PM - 5:30PM	
<input type="checkbox"/> Ses. 1, 6/03 - 6/07	<input type="checkbox"/> Ses. 3, 7/08 - 7/12	<input type="checkbox"/> Ses. 1, 6/03 - 6/07	<input type="checkbox"/> Ses. 3, 7/08 - 7/12
<input type="checkbox"/> Ses. 1, 6/10 - 6/14	<input type="checkbox"/> Ses. 3, 7/15 - 7/19	<input type="checkbox"/> Ses. 1, 6/10 - 6/14	<input type="checkbox"/> Ses. 3, 7/15 - 7/19
<input type="checkbox"/> Ses. 2, 6/17 - 6/21	<input type="checkbox"/> Ses. 4, 7/22 - 7/26	<input type="checkbox"/> Ses. 2, 6/17 - 6/21	<input type="checkbox"/> Ses. 4, 7/22 - 7/26
	<input type="checkbox"/> Ses. 4, 7/29 - 8/02		<input type="checkbox"/> Ses. 4, 7/29 - 8/02
<input type="checkbox"/> Ses. 2, 6/24 - 6/28	<input type="checkbox"/> Ses. 5, 8/05 - 8/9	<input type="checkbox"/> Ses. 2, 6/24 - 6/28	<input type="checkbox"/> Ses. 5, 8/05 - 8/9
	<input type="checkbox"/> Ses. 5, 8/12 - 8/16		<input type="checkbox"/> Ses. 5, 8/12 - 8/16
Before-Care (per day)		After-Care (per day)	
\$20/day		\$18/day	
7:30AM - 8:45AM; write in dates needed.		3:30PM - 5:30PM; write in dates needed.	
<input type="checkbox"/> Ses. 1, _____	<input type="checkbox"/> Ses. 4, _____	<input type="checkbox"/> Ses. 1, _____	<input type="checkbox"/> Ses. 4, _____
<input type="checkbox"/> Ses. 2, _____	<input type="checkbox"/> Ses. 5, _____	<input type="checkbox"/> Ses. 2, _____	<input type="checkbox"/> Ses. 5, _____
<input type="checkbox"/> Ses. 3, _____		<input type="checkbox"/> Ses. 3, _____	

MST @ MATCH: MIDTOWN ARTS & THEATER CENTER HOUSTON	
Before-Care (per week)	\$45/week
8:00AM - 8:45AM	
<input type="checkbox"/> Ses. 1, 6/17 - 6/21	<input type="checkbox"/> Ses. 4, 7/15 - 7/19
<input type="checkbox"/> Ses. 2, 6/24 - 6/28	<input type="checkbox"/> Ses. 5, 7/22 - 7/26
<input type="checkbox"/> Ses. 3, 7/08 - 7/12	<input type="checkbox"/> Ses. 6, 8/12 - 8/16
Before-Care (per day)	
\$20/day	
8:00AM - 8:45AM; write in dates needed.	
<input type="checkbox"/> Ses. 1, _____	<input type="checkbox"/> Ses. 4, _____
<input type="checkbox"/> Ses. 2, _____	<input type="checkbox"/> Ses. 5, _____
<input type="checkbox"/> Ses. 3, _____	<input type="checkbox"/> Ses. 6, _____

MST @ MATCH: MIDTOWN ARTS & THEATER CENTER HOUSTON	
After-Care (per week)	\$40/week
3:30PM - 5:00PM	
<input type="checkbox"/> Ses. 1, 6/17 - 6/21	<input type="checkbox"/> Ses. 4, 7/15 - 7/19
<input type="checkbox"/> Ses. 2, 6/24 - 6/28	<input type="checkbox"/> Ses. 5, 7/22 - 7/26
<input type="checkbox"/> Ses. 3, 7/08 - 7/12	<input type="checkbox"/> Ses. 6, 8/12 - 8/16
After-Care (per day)	
\$18/day	
3:30PM - 5:00PM; write in dates needed.	
<input type="checkbox"/> Ses. 1, _____	<input type="checkbox"/> Ses. 4, _____
<input type="checkbox"/> Ses. 2, _____	<input type="checkbox"/> Ses. 5, _____
<input type="checkbox"/> Ses. 3, _____	<input type="checkbox"/> Ses. 6, _____

TURBO CAMPS /DRAMA DAYS@ RICE VILLAGE	
Before-Care (per week)	\$45/week
7:30AM - 8:45AM	
<input type="checkbox"/> 7/01 - 7/05 (no class 7/04)	
<input type="checkbox"/> 8/20 - 8/24	
Before-Care (per day)	
\$20/day	
7:30AM - 8:45AM	
<input type="checkbox"/> 7/01	<input type="checkbox"/> 7/02
<input type="checkbox"/> 7/03	<input type="checkbox"/> 7/05 (dram days)
<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/20
<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22
<input type="checkbox"/> 8/23 (Turbos)	

TURBO CAMPS/DRAMA DAYS@RICE VILLAGE	
After-Care (per week)	\$45/week
3:30PM - 5:00PM	
<input type="checkbox"/> 7/01 - 7/05 (no class 7/04)	
<input type="checkbox"/> 8/20 - 8/24	
After-Care (per day)	
\$18/day	
3:30PM - 5:00PM	
<input type="checkbox"/> 7/01	<input type="checkbox"/> 7/02
<input type="checkbox"/> 7/03	<input type="checkbox"/> 7/05 (dram days)
<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/20
<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22
<input type="checkbox"/> 8/23 (Turbos)	

Mail this completed & signed form to: MST C/O Jonathan Gonzalez 3400 MAIN ST STE #277 HOUSTON, TX 77002	Scan or Send a clear/legible photo of completed & signed form to: Jonathan Minchew- Gonzalez, jonathan@mainstreettheater.com	Questions or Need to contact your student? Call 415-370-7430
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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) <i>Made Payable to Main Street Theater</i>		<input type="checkbox"/> Money Order <input type="checkbox"/> Cash	
<input type="checkbox"/> Credit Card#:		Exp Date: /		CVV: Billing Address Street#:	
				Billing Address Zip Code:	