



Thank you for your interest in the YET Program! In this packet you will find all enrollment forms needed & program contract. Due December 5, 2017.

### YET PROGRAMS, Spring 2018

#### **DATES:**

January: 11, 13, 18, 20, 25, 27, 31

February: 8, 10, 15, 17, 22, 24

March: 1, 3, 8, 10, 15, 17, 22 (ALL Schools: March 23 – April 2 spring recess)

April: 5, 7, 8 (LONG REHEARSAL) 12

**Performances: April 13, 14, 15**

#### **YET Teen: (grades 7 - 12)**

**YET One Acts:** - Working with the one-act play. *YETis will rehearse and perform scripted one act plays, in smaller groups, and learn the process of building a character, working with dialogue, and developing the world of a play as written by a playwright.*

**Thursdays 6 PM - 8 PM, & Saturdays 3:00 - 5:30 PM**

**YET IMPRO: Long-form Play** - *Creating an original theater piece. YETis will create an original theater piece that utilizes long-form improvisational theater techniques to explore complex character relationships, character journeys, and that take the audience on an interactive journey. (May include multimedia elements like video, sound effects, and original music.)*

**Thursdays 3:30 - 5:30 PM & Saturdays 12:00 - 2:30 PM**

#### **YET Jr. (grades 4 - 6): Saturdays 9:30 AM - 11:30 AM**

**Long-form theater** - YETis will learn how to use long-form improvisational techniques to create a play as an ensemble. They will learn how listening and response leads to acting technique, and how to develop a three-dimensional character, and live fully in the world of a play as part of an ensemble group art-making experience.

January: 13, 20, 27

February: 10, 17, 24

March: 3, 10, 17, (ALL Schools: March 23 – April 2 spring recess) April: 7

**YET MONOLOGUE: COLLEGE/CONSERVATORY PREP.** High School Juniors interested in applying to drama departments and drama schools for college, work on 2 monologues for their auditions and receive feedback and master classes with NYU Tisch School of the Arts drama program, American Academy of Dramatic Arts, and The New School, drama department faculty. **SATURDAYS, May - June 2018 & September -October 2018**

[www.youthensembletheater.com](http://www.youthensembletheater.com)

845 389-5889 [youthensembletheater@gmail.com](mailto:youthensembletheater@gmail.com)



**Enrollment Form – DUE: December 5, 2017**

**Ensemble member’s Name:** \_\_\_\_\_ **Age/Grade:** \_\_\_\_\_

**Ensemble member’s Name:** \_\_\_\_\_ **Age/Grade:** \_\_\_\_\_

**Contact Information**

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**Ensemble Member(s): YET Group(s) being joined: (Please check all that apply)**

**Teen ONE ACTS** \_\_\_\_\_ **Teen IMPRO** \_\_\_\_\_ **YET Jr.** \_\_\_\_\_ **YET MONO** \_\_\_\_\_

**Parents/Guardians:**

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

Cell #: \_\_\_\_\_ Home# \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

Cell #: \_\_\_\_\_ Home# \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

**YETi:**

**Ensemble Member’s Cell #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Ensemble Member’s Cell #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_



**Emergency Contact Form - DUE December 5, 2017**

**Ensemble Member's Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** (if parent/guardian is not available)

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

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_



## ENROLLMENT CONTRACT

Name of YETi(s): \_\_\_\_\_

**Responsibilities:** The artistic responsibility and work ethic required by this program include the following: ensemble members must learn lines at home as well as gather materials to bring in for the production. Except in the case of sickness or an emergency, YETis can miss up to 2 rehearsals but must attend all workshops/rehearsals 2 weeks leading up to the performance, and all performance dates.

PARENTS: It is important that parents provide current e-mail information and cell phone numbers. We ask that all contacts (parents and ensemble members) respond to e-mails and phone calls within a 24-hour period.

**What to bring?** Ensemble members should wear comfortable clothes and bring:

- Water bottle & Snack
  - Journal & pen/pencil
  - Script
1. Our child will attend all YET rehearsals and performances, unless sickness/emergency occurs.
  2. We, as the Ensemble member's Parent(s)/Guardian(s) agree to support the Ensemble member to learn their lines, blocking and complete other required work on time, and to come to the workshop, rehearsals and performances prepared and on time each day.
  3. We, as the Ensemble member's Parent(s)/Guardian(s) agree to respond to e-mails or phone calls within a 24-hour period throughout the program period.

### YET FEES & PAYMENT

4. **YET TEEN FEE:** The fee for each TEEN YET program is \$625. All paperwork & payment received by **12/5/17**.
  - a. **Payment Plan:** Payment can be made in three installments of \$209 on 12/5, 2/5, 3/20.
  - b. **YET DISCOUNT:** The fee for YET families whose children have attended 2 years or 3 YET programs or have a sibling attending, is \$525. All paperwork & payment received by **12/5**.
  - c. **Payment Plan:** Payment can be made in three installments of \$175 on 12/5, 2/5, 3/20.
5. **YET JR. FEE:** The fee for each YET Jr. program is \$350. All paperwork & payment received by **12/5/17**.
6. **YET MONOLOGUE FEE:** The fee for each YET Monologue program is \$550.

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7. **Consequences for late or no payment:** We/I understand that a late payment fee of \$25 will be charged if payment is not received by due date. We/I further agree that the program shall have unconditional authority to suspend or terminate the ensemble member's participation in the program if tuition is not current.
8. **Refunds** will be given in the case of verified medical emergencies.
9. **Obligation for Full Tuition:** We/I agree that, if we/I have not cancelled our enrollment in writing or before **stated deadline**, we/I will be responsible to pay all tuition fees.
10. High Meadow Arts, Inc. reserves the right to refuse any applicant and/or to cancel any application if behavioral problems or inappropriateness is exhibited, without refund.
11. High Meadow Arts, Inc. requests the right to use photographs for promotional use.

**To pay through PAYPAL**, please use email address [youthensembletheater@gmail.com](mailto:youthensembletheater@gmail.com) for payment & to email enrollment packet.

**To pay by check**, please make checks payable to "High Meadow Arts, Inc." & mail with this application to: Amy Poux 1020 Creek Locks Rd, Rosendale, NY 12472

This document is a contract between the undersigned Parent(s)/Guardian(s) and High Meadow Arts' YET program. When signed, this contract is legally binding. *I understand and agree to the above policies, procedures and fees.*

**TUITION DUE:**

**Teen ONE ACTS: # of programs** \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**Teen IMPRO: # of programs** \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**YET Jr.: # of programs** \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**YET MONO: # of programs** \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**Total due:** \_\_\_\_\_

**X Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**X Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**X Amy Poux signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Health Information & Permission Form**

Does your child have any allergies, physical challenges, or speech difficulties? (If so, please explain)

Does your child require any other special consideration (phobias, dietary restrictions, attention issues, recent trauma)? If so, please call Amy Poux to explain.

Other comments/special needs:

### **Confidential Medical Information**

Child's name: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **Family Doctor Contact information**

Dr.s Phone #: \_\_\_\_\_

Allergic to any medications? \_\_\_\_\_

Children will be supervised and receive dedicated care by their instructor. Even so, accidents can happen. In this event, parents/guardian agrees to hold High Meadow Arts harmless from claims for personal injury, loss, and or damages that arise from the services offered pursuant to this agreement.

I, \_\_\_\_\_, give permission for my child,

\_\_\_\_\_, to receive emergency medical treatment in the event of injury whiled attending the Youth Ensemble Theater program, including transportation by the Program Director or instructor's vehicle or field trip hospital when planned or needed. I take full responsibility for any financial consequences of this medical treatment.

**X Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_