



**Important Dates**

**Winter/Spring 2019 Semester:** Application Deadline: December 28; Notification: January 7  
**2019 Summer Camps:** Application Deadline: April 26; Notification: on a rolling basis

**Dear Parent/Guardian,**

Thank you for your interest in enrolling your child in one of the programs at Imagination Stage!

Please read the following information regarding our financial aid application process. If you have applied for financial aid in the past, please note that our policies may have changed since your last application. Please read this page **before** signing the financial aid form. Please note: we cannot process your request without your signature, a completed form, and all of the attachments listed below.

**A complete application must include the following:**

1. Letter of Need- In a separate document, please explain, in *as much detail as possible*, the reasons you are requesting financial aid. Please include **(a) your gross annual household income** and **(b) the following monthly information: housing, food, medical, and transportation expenses.** This statement will be read by the Financial Aid Committee and will be kept confidential.
2. Registration Form- Please fill out the Imagination Stage registration form found at the end of this document.
3. Tax Forms- Please include your most recent tax forms **i.e. the first two pages of your 1040 form.**
4. Financial Aid Form- Please complete the form on the following page.

**All paperwork must be submitted together. Applications will not be considered without all four items outlined above. They are required.**

**How to submit: There are three ways to submit your completed application:**

1. You may email materials to **Claire Bancroft Loos**, [cbancroft@imaginationstage.org](mailto:cbancroft@imaginationstage.org)
2. Mail them to:  

Claire Bancroft Loos  
Imagination Stage  
4908 Auburn Avenue  
Bethesda, MD 20814
3. Or, drop them off in person at Imagination Stage.

**Financial Aid Application Policies:**

- (1) No more than one (1) program per semester (Fall, Winter/Spring, Summer) will be approved for any one (1) student. Programs are defined as weekly classes/production workshops, performing companies, and Summer camps.
- (2) The maximum amount that may be awarded in financial aid per family per fiscal year is \$1,000.
- (3) Your award may be used only for those classes/Summer programs for which you have applied for financial aid.
- (4) Fraudulent information will result in permanent ineligibility for financial aid.

**Please contact Claire Bancroft Loos at 301-280-1663 or [cbancroft@imaginationstage.org](mailto:cbancroft@imaginationstage.org) should you have questions.**

**FINANCIAL AID FORM**

*If handwritten, please print clearly*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**STUDENT #1:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the class for which you are applying for financial aid:

1. Class Name: \_\_\_\_\_ Day/ Time: \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

**STUDENT #2:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the class for which you are applying for financial aid:

1. Class Name: \_\_\_\_\_ Day/ Time: \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

**\*\*\*Deadlines for Financial Aid Applications\*\*\***

All applications must be received by the following dates:

**For Fall 2018 Semester:** Deadline: August 24; Notification: September 10

**For Winter/Spring 2019 Semester:** Deadline: December 28; Notification: January 7

**For 2019 Summer Camps:** Deadline: April 26; Notification: on a rolling basis

I HAVE READ AND UNDERSTAND THE REQUIREMENTS AND POLICIES FOR FINANCIAL AID APPLICATIONS FOR IMAGINATION STAGE. I ALSO UNDERSTAND THAT THE NUMBER OF RECIPIENTS AND AMOUNT AWARDED IN FINANCIAL AID IS DETERMINED, IN PART, BY THE AMOUNT OF FUNDS DESIGNATED FOR FINANCIAL AID FOR THE FISCAL YEAR AND THAT APPLYING FOR FINANCIAL AID DOES NOT CONSTITUTE A GUARANTEE OF RECEIPT OF FINANCIAL AID.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Imagination Stage Class Registration Form – Financial Aid



## REGISTER:

**Online:** www.imaginationstage.org  
**In Person:** Complete this form and drop off at the Reception desk at Imagination Stage.  
**Phone:** 301-280-1636 / **Fax:** 301-718-8803  
**Mail:** 4908 Auburn Avenue, Bethesda, MD 20814

- Confirmation will only be sent via email when a valid address is provided
- Only one student per form. Incomplete forms will not be processed.

*If you have any questions or require an itemized receipt, contact our registrar at [registration@imaginationstage.org](mailto:registration@imaginationstage.org).*

\_\_\_\_\_  
Student Name (Last Name, First Name)

\_\_\_\_\_  
Date of Birth (MM/DD/YY)    Gender (M/F)

\_\_\_\_\_  
Name of Academic School Enrolled    2018-19 Academic Grade

Are You the Parent/Guardian Of This Child? Y N

\_\_\_\_\_  
If No, Please Identify Relationship

\_\_\_\_\_  
Parent /Guardian Name #1 (Last Name, First Name)

\_\_\_\_\_  
Parent /Guardian Name #2 (Last Name, First Name)

\_\_\_\_\_  
Preferred E-mail (REQUIRED FOR CONFIRMATION)

\_\_\_\_\_  
Preferred Mailing Address

\_\_\_\_\_  
City                      State                      ZIP Code

\_\_\_\_\_  
Preferred Phone

\_\_\_\_\_  
Additional Phone *(if differs from Preferred)* & Type *(Home, Cell, or Work)*

\_\_\_\_\_  
Non-Parent Emergency Contact  
*(First Name, Last Name, Phone Number, Relationship to Student)*  
(Please list an individual other than parent/guardian. Parent/guardian will be contacted first in the event of an emergency)

## Special Needs/Notes/Medications:

In order to best serve each student, please list all physical, cognitive, medical, emotional, or learning needs you would like us to know.

\_\_\_\_\_  
Any additional notes for the Registrar?

\_\_\_\_\_  
How did you learn about this class?

## CHOOSE YOUR CLASS

\_\_\_\_\_  
Class #                      Class Name                      Tuition

\_\_\_\_\_  
Class #                      Class Name                      Tuition

\_\_\_\_\_  
Class #                      Class Name                      Tuition

## PAYMENT

\_\_\_ Check enclosed

\_\_\_ Please charge my MasterCard/Visa/Amex

\_\_\_\_\_  
Credit card#                      Exp. Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Name on Card                      Signature

**REGISTRATION POLICIES** (on the next page) I have read all of the information contained within and understand that I must request refunds in writing within prescribed time limitations. I agree to Imagination Stage's Release Agreement.

\_\_\_\_\_  
Signature                      Date

*For Internal Use Only:*  
\_\_\_ Processed \_\_\_ Emailed

# REGISTRATION POLICIES

## 4 WAYS TO REGISTER

**ONLINE:** [www.imaginationstage.org](http://www.imaginationstage.org)

**MAIL:** 4908 Auburn Avenue, Bethesda, MD 20814

**PHONE:** 301-280-1636

**IN PERSON:** Complete paper registration form at the front desk.

**REGISTRATION CONFIRMATION/RECEIPT** Online registrants should receive automatic confirmation via email. For those who register with a paper form, a confirmation email will be sent within five business days. If there is room in the class, registrations for 14-week classes will be accepted up to and through the third week of the class; registrations for 6-week classes will be accepted up to and through the second week of class. If you have any questions about your registration or need an FSA-compliant receipt please email [registration@imaginationstage.org](mailto:registration@imaginationstage.org).

**REFUNDS** Your full payment will be refunded when a camp or class is already full or cancelled due to low enrollment. If Imagination Stage changes the time or location of the class after registration, a full refund will be issued upon written request. All other refunds require a written request and will be subject to a 15% administrative fee plus the cost of any classes that have taken place before the request has been submitted. For all 14-week classes, all requests must be made prior to the third class. For all 6-week classes, all refund requests must be made prior to the second class. No refunds will be issued after that time. All refund requests for Spring Break Camps must be received one week prior to the start of the registered camp. To request a refund, email the registrar. There are no refunds for production ensembles or conservatories.

**INCELEMENT WEATHER POLICY** Please call our weather line to find out if classes will be held: 301-718-9521. Note that we do not follow the Montgomery County Public School weather policy.

**ATTENDANCE/MAKE-UP POLICY** Imagination Stage does not guarantee that camps cancelled due to circumstances beyond our control (i.e. weather, power outage) will be made up; no refunds will be issued. We do not offer make-up camps due to a child's inability to attend.

**AGE/GRADE LEVELS** Students should enroll only in classes listed for their current grade level, regardless of age. Although we understand that skill and maturity levels vary, younger students may not register up a grade level.

**AUDITING** Students may audit 14-week classes for the first two weeks before deciding to enroll. There are no audits available for shorter classes. To audit, contact the registrar. Please note that a hard copy of the completed registration form and credit card payment for the first two weeks is required. If a student chooses to continue in the class, the balance due must be paid in full before the student may attend the third class. If there is a student interested in enrolling in the full-semester class and the class has filled, auditing students will be given the option of paying the balance due and enrolling in the class, or they will be asked to switch to another class to make room for students who are prepared to enroll for the full course of study.

**PAYMENT PLANS** Tuitions of \$400 or more may be split by contacting the registrar. Both payments must be made by credit card, and the first payment will be due with registration. Payment plan dates will be included with the confirmation email.

**SCHOLARSHIPS** Partial scholarships are available and awarded on the basis of financial need. Please contact Claire Bancroft Loos at [cbancroft@imaginationstage.org](mailto:cbancroft@imaginationstage.org) or 301-280-1663 to receive an application.

**LATE PICK UP** Please pick up your child on time. Parents will be assessed a \$10 charge if a child is picked up more than 15 minutes after class/camp ends and an additional \$1 per minute thereafter.

**DISMISSAL** For safety reasons, children in grades 3 and under must be dropped off and picked up at the classroom door. Children in grades 4 and up may be dropped off and picked up outside the building. If your child needs to leave early from class, you must pick them up from the classroom door, regardless of grade.

**ACCESSIBILITY AND INCLUSION** Imagination Stage is deeply committed to serving children of all abilities and endeavors to create an inclusive and welcoming environment for all students. We encourage parents to contact a member of our Access staff at [access@imaginationstage.org](mailto:access@imaginationstage.org) prior to enrollment to discuss reasonable and respectful accommodations and support strategies to ensure a successful experience at Imagination Stage. In the rare case that a child is a direct threat to the safety of themselves or others, Imagination Stage may withdraw the student and refund any prorated tuition.

**SIBLINGS/GUESTS** In order to provide a safe environment for your child, siblings and guests are not permitted to accompany students to class. Unless otherwise stated, parents do not participate in classes.

**PHOTOGRAPHY AND VIDEOGRAPHY** Imagination Stage and contracted photographers reserve the right to use photos and videos taken in class for promotional and archival purposes.

**LIABILITY** Imagination Stage is not liable for the well-being and safety of children who are around any of our facilities before a program begins or after a program ends.

**CODE OF CONDUCT** In order to provide students with a safe and supportive environment, Imagination Stage does not tolerate any form of physical or verbal abuse, vandalism, or the use of any and all illegal substances. Any behaviors found in violation of this policy will be addressed and the student may be asked to leave class, and no refunds will be issued. No weapons of any kind may be brought into the building.

**RELEASE AGREEMENT** By registering your student you agree to the following: Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. By submitting a registration, I agree to be responsible for any medical bills incurred resulting from illness or injury during my student's participation at Imagination Stage. Students are expected to carry their own accident and medical insurance. I release Imagination Stage from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize Imagination Stage to administer first aid and/or authorize medical treatment for my student.

**REGISTRAR CONTACT** Contact the registrar at [registration@imaginationstage.org](mailto:registration@imaginationstage.org) or 301-280-1636 if you have any questions regarding registration or if you need an itemized receipt.