ArtSpark provides children the opportunity to explore the performing arts, guided by music and theatre artists/educators. Each day, students participate in theatre games, singing, storytelling, and movement - all centered around creative, fun themes. These unique week-long performance-based workshops are designed to kindle kids’ confidence and ignite their creativity.

2021 Summer sessions are scheduled for the weeks of June 7–11, 14–18, 21–25, July 12–16, 19–23, and 26–30. Open to kids age 6-11.
ARTSPARK REGISTRATION FORM 2021

Please return this completed registration form along with payment fee, and/or any voucher or financial aid forms to Trollwood Performing Arts School.

Mail: 801 50th Ave S, Moorhead, MN 56560 | Email: trollwood@fargo.k12.nd.us | Fax: 218-477-6501

Student Name ____________________________ Date of Birth (M/D/Y) ____________ Gender __________________

Age (as of August 31, 2021) __________________________

Grade Completed (Spring 2021) ____________

Current School Name (Spring 2021) __________________________

Home Address ____________________________

City, State, Zip ____________________________

Home Phone ____________________________

Living with (check one): □ Mother  □ Father  □ Both  □ Other

Check Relationship and PRINT NAME BELOW:

□ Mother  □ Stepmother  □ Guardian ____________________________

Address (if different than above) ____________________________

Employer ____________________________

Job Position/Title ____________________________ Home Phone ____________________________

Mobile Phone ____________________________

E-mail Address ____________________________

Check Relationship and PRINT NAME BELOW:

□ Father  □ Stepmother  □ Guardian ____________________________

Address (if different than above) ____________________________

Employer ____________________________

Job Position/Title ____________________________ Home Phone ____________________________

Mobile Phone ____________________________

E-mail Address ____________________________

Check the one category that best describes your predominant racial/ethnic identity: □ American Indian or Alaskan Native

□ Asian or Pacific Islander  □ Black or African American

□ Bosnian  □ Caucasian (white)  □ Hispanic or Latino

□ Middle Eastern or Arab American  □ Other ____________________________

T-shirt Size: YOUTH □ S □ M □ L  ADULT □ S □ M □ L □ XL □ XXL

Parent/Guardian: Please read, sign, and date below:

Consent is granted to Trollwood for the use of media images, interviews, and survey responses involving my child for publicity and marketing purposes for the organization.

Signature ____________________________ Date ____________

Note any conflicts with session schedule: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Note any conflicts with session schedule: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Note any conflicts with session schedule: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Emergency contact if unable to contact parent/guardian: (English Speaking)

Name ____________________________

Relationship ____________________________

Day Phone (very important) ____________________________

Please note medical issues/allergies or special needs including social, emotional or behavioral issues Trollwood should be aware of (this information is confidential): ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Please note your preferred health care provider (only to be used in case of emergency): ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Check Desired Session:

**AGES 6 – 8 (age by August 31, 2021)**

□ June 7-11 Ben Franklin Middle School, 1420 8th St N, Fargo
□ June 14-18 Carl Ben Eielson Middle School, 1601 13th Ave S, Fargo
□ June 21-25 Carl Ben Eielson Middle School, 1601 13th Ave S, Fargo
□ July 12-16 Discovery Middle School, 1717 40th Ave S, Fargo
□ July 19-23 Trollwood, 801 50th Ave S, Moorhead
□ July 26-30 Trollwood, 801 50th Ave S, Moorhead

**AGES 9 – 11 (age by August 31, 2021)**

□ June 7-11 Ben Franklin Middle School, 1420 8th St N, Fargo
□ June 14-18 Carl Ben Eielson Middle School, 1601 13th Ave S, Fargo
□ June 21-25 Carl Ben Eielson Middle School, 1601 13th Ave S, Fargo
□ July 12-16 Discovery Middle School, 1717 40th Ave S, Fargo
□ July 19-23 Trollwood, 801 50th Ave S, Moorhead
□ July 26-30 Trollwood, 801 50th Ave S, Moorhead

*Friend/Sibling Request: ____________________________

*we will do our best to honor friend/sibling class requests

Fee: $250 per one week session

$15 Early Registration Discount (if by April 1) - $ ________

*West Fargo Voucher (if applicable; attach to form) - $ ________

$25 Late Fee if after May 14 or June 18 + $ ________

Total Fee $ ________

Payment Enclosed $ ________

Balance Due $ ________

*West Fargo Public Schools offers a $100 voucher for West Fargo School District enrolled students.

Payment Options (please check one):

□ Option 1: Fee payment in FULL with completed form.

□ Option 2: Choose a payment plan (Credit Card REQUIRED):

□ $75 down payment w/2 equal monthly payments of $ ________ to complete balance due.

□ $75 down payment w/3 equal monthly payments of $ ________ to complete balance due.

□ Option 3: Financial Aid application submitted. (In the event financial aid is not fully awarded, please indicate your payment preference. By completing option 2, monthly payment amounts may be determined after financial aid award has been decided.)

Payment Method (please check one):

□ Check or Money Order/payable to Trollwood Performing Arts School

□ Cash

□ Credit Card (If choosing credit card, our office will contact you.)

ALL programs and locations are subject to change due to COVID-19.