THE KLEIN
MEMORIAL AUDITORIUM
910 Fairfield Avenue
Bridgeport, CT 06605

August 12, 2025

Klein Theatre Arts Registration for 2025-26

Tenisi Davis: Director of Education

Dear Parents and Students,

We're pleased to announce that Klein Theatre Arts registration is now open. The fall semester starts Monday, September 15th and ends with a concert on on Friday December 5th. The spring semester goes from Tuesday January 20th to Thursday March 26th. You can register for both semesters with this one form, or for single semesters. **Registration is open to Bridgeport students entering grades 6 through 12.**

DATES: Fall: Monday, September 15 to Friday December 5
Spring: Tuesday January 20 to Thursday, March 26

ATTENDANCE IS MANDATORY & ENROLLMENT IS LIMITED

Instructors: Tenisi Davis, Deonna Wise, Etta Patterson, IATSE stagehands

Courses taught are:

ASK (After School at the Klein):
Singing/Acting/Dance/Video Production:
Monday thru Wednesday 3-6 pm

Klein Dance Company (KDC):
Monday and Wednesday 6-6:45 pm

****Technical Production:**
Thursdays 3-6 pm (High school students only.
Course will teach stage rigging, lighting and audio.

Please fill out and return this form by Friday September 5th.
Applications for enrollment are also available at the Klein Box Office – 910 Fairfield Ave
or online at our website:
www.theklein.org.
If you have questions, please contact us by phone at
800-424-0160 extension 3
or
Brenda Fleming, KTA Administrator
kta@theklein.org

KLEIN THEATRE ARTS

SAFETY GUIDELINES

1. Attendance is Mandatory.
2. Arrival Time: 3:00 pm at the stage door located at the rear entrance of the building.
3. We will follow all CDC guidelines for COVID 19 as information becomes available.
4. If your child is not feeling well, please keep him/her home and notify Brenda Fleming.
5. Students are encouraged to bring their own water bottle.
6. Students cannot leave the building premises once they have signed in unless signed out by a parent or guardian whose information we have on file.
7. Your child will not be dismissed early unless there's an emergency or prior notice is received from the parent/guardian.
8. NO VISITORS WILL BE ALLOWED IN THE BUILDING AT ANY TIME.
9. Parents, in the event your contact information changes please let us know ASAP. (*thank you*)
10. We are asking that you make your doctor/dentist appointments on Thursday or Friday while we are in session. *(thank you)*

Inspiring and educating students in the performing arts is our mission.

KTA helps build a strong sense of self-esteem, confidence and character through the craft of theatre and musical theatre in a positive, nurturing, non-competitive learning environment

We encourage each student and work with them to cultivate their talents and abilities in music, dance and theatre arts, but most importantly, we teach them the concept of teamwork. The students work together as members of a cast and help each other create a performance they can all be proud to stage at the end of each semester. In recent years KTA students have sung with the Greater Bridgeport Symphony, and Klein Dance Company has given 89 public performances since its founding in August 2016. Graduates of the technical production course may be eligible to enter our paid internship program, where they are paid to work alongside union stagehands at Klein events.

This is a full commitment of you and your child to the Klein Theatre Arts program. Each student is key to the success of the learning process throughout the semester. The staff and the cast work very closely with each other. Each cast member must be at every class. As sports teams require their team member being there every day at practice to play in the game, we also require our "team" members to be there every day.

The Klein Memorial
910 Fairfield Ave
Bridgeport, CT 06605

Application Deadline: September 5, 2025

Please confirm by:
Email: info@theklein.org or
Phone: 800-424-0160 x 3
Attention: Brenda Fleming, KTA Administrator
kta@theklein.org

KLEIN THEATRE ARTS
Fall 2025 SEMESTER SCHEDULE

Klein ASK: Acting, Singing & Dance & Video: 3:00pm – 6:00pm
Week 1 – Monday, Tuesday & Wednesday (SEP 15, 16, 17)
Week 2 – Monday & Wednesday (SEP 22, & 24)
Week 3 – Monday & Tuesday (SEP 29, SEP 30)
Week 4 – Monday,Tuesday & Wednesday (OCT 6, 7 & 8)
On Sunday October 12 KTA students will perform in the Columbus Day Parade
Week 5 – Tuesday & Wednesday (OCT 14, & 15)
Week 6 – Monday, Tuesday & Wednesday (OCT 20, 21 & 22)
Week 7 – Monday, Tuesday & Wednesday (OCT 27, 28 & 29)
Week 8 – Monday & Wednesday (NOV 3 & 5)
Week 9 - Monday through Wednesday (NOV 10, 11, 12)
Week 10 – Monday & Tuesday (NOV 17, 18)
Week 11 – Monday & Tuesday (NOV 24, 25) (tentative)
Week 12 – Monday through Friday (December 1 – Dec. 5)

KLEIN DANCE COMPANY MEETS MON. & WED.
6:00 - 6:45 PM

****CONCERT PERFORMANCE Friday, December 5, 2025**
SHOW TIME: 7:00 PM

The concert will also be available for viewing on live-stream

Technical Production:

WEEK 1 – SEPTEMBER 18
WEEK 2 – SEPTEMBER 25
WEEK 3 – OCTOBER 2 (SYMPHONY REHEARSAL: NO CLASS TODAY)
WEEK 4 – OCTOBER 9 (no class due to ConnectUS & Marine Band)
WEEK 5 – OCTOBER 16
WEEK 6 – FRIDAY OCTOBER 24***
WEEK 7 – FRIDAY OCTOBER 31***
WEEK 8 – NOVEMBER 6
WEEK 9 – NOVEMBER 13 **Legally Blonde performance
WEEK 10 – no class (report card conferences)
WEEK 11 – Concert on December 5

***Note: dates for the technical production course may change if Klein events have to be scheduled on those days. We will attempt to move to Friday (OCT. 24 AND 31) should those conflicts arise.

910 Fairfield Ave Bridgeport, CT 06605
info@theklein.org

KLEIN THEATRE ARTS
Spring 2026 SEMESTER SCHEDULE

Klein ASK: Acting, Singing & Dance & Video: 3:00pm – 6:00pm
Week 1 – Tuesday & Wednesday (Jan 20, 21)
Week 2 – Monday, Tuesday & Wednesday (Jan 26, 27 & 28)
Week 3 – Monday, Tuesday & Wednesday (Feb 2, 3 & 4)
Week 4 – Monday, Tuesday & Wednesday (Feb 9, 10 & 11)
Week 5 – Tuesday & Wednesday (Feb 17 & *18*) no school on Mon.
Week 6 – Monday, Tuesday & Wednesday (Feb 23, 24 & 25)
Week 7 – Monday, Tuesday & Wednesday (March 2, 3 & 4)
Week 8 – Monday & Wednesday (March 9, 10 & 11)
Week 9 - Monday through Wednesday (March 16, 17, 18)
Week 10 – Monday through Thursday (MAR 23, 24, 25, 26)

KLEIN DANCE COMPANY MEETS MON. & WED.
6:00 - 6:45 PM

CONCERT PERFORMANCE Thursday, March 26, 2026
SHOW TIME: 7:00 PM

The concert will also be available for viewing on live-stream

Technical Production:

WEEK 1 – JANUARY 22
WEEK 2 – JANUARY 29
WEEK 3 – FEBRUARY 5
WEEK 4 – Schools closed. No class.
WEEK 5 – FEBRUARY 19
WEEK 6 – FEBRUARY 26
WEEK 7 – MARCH 5
WEEK 8 – MARCH 12
WEEK 9 – MARCH 19
WEEK 10 – March 26 KTA concert

KLEIN THEATRE ARTS
2025-26 REGISTRATION FORM
AND RELEASE AND INDEMNITY AGREEMENT

(Please Print as Clearly as Possible)
One Child per Form

I, _____ (Print Parent/Guardian's Full Name) am the

parent/legal guardian of _____ (Print Child's Full Name)

By signing this Registration Form and Release and Indemnity Agreement (the "Agreement") I am registering my child to attend the Klein Theatre Arts that is to be conducted by The Klein Memorial Auditorium Foundation. I agree to the Terms and Conditions of Registration and Enrollment:

_____ _____
Signature of Parent/Legal Guardian Date

This registration is for my child to attend:

- ☐ **2025 Fall Semester of ASK (Monday – Wednesday) AND/OR**
- ☐ **2025 Klein Dance Company (Monday and Wednesday)**
- ☐ **2025 Stage Craft Course (Thursday) (high school students only)**
- ☐ **2026 Spring Semester of ASK (Monday – Wednesday) AND/OR**
- ☐ **2025 Klein Dance Company (Monday and Wednesday)**
- ☐ **2025 Stage Craft Course (Thursday) (high school students only)**

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please Print)

Child's First Name: _____

Child's Last Name: _____

Sex: ☐ Male ☐ Female

School _____ City _____

Child's Birthdate: _____. Entering Grade as of September 2025 _____.

Note: Sign or initial and date each page at bottom where indicated

Parent/Guardian(s) Names:

Mother/Guardian's First _____

Mother/Guardian's Last _____

Father/Guardian's First _____

Father/Guardian's Last _____

Parent(s) Mailing Address:

Street: _____

City/State/Zip _____

If your student has a medical condition that restricts his/her use of a face mask, please provide an explanation here: _____

_____

PARENT/GUARDIAN CONTACT INFORMATION:

Mother/Guardian's Name _____

Home # _____ ❑ preferred contact #

Work # _____ ❑ preferred contact #

Cell # _____ ❑ preferred contact #

Email Address: _____

Father/Guardian's Name _____

Home # _____ ❑ preferred contact #

Work # _____ ❑ preferred contact #

Cell # _____ ❑ preferred contact #

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Name	Phone Number	Relationship

TRANSPORTATION:

Parents and students are expected to provide their own transportation to and from classes. Students may take an Uber car and/or walk to and from The Klein, provided the parent gives permission by signing below:

I give my child _____ permission to walk to and from The Klein while attending the fall session of Klein Theatre Arts.

I give my child_____permission to take an Uber car to and from The Klein while attending the fall session of Klein Theatre Arts.

Please list up to three names of adults who you authorize to pick up your child after class, in the case of an emergency. I hereby authorize the following individuals:

Name	Phone Number	Relationship

STUDENTS NAME: _____

In consideration of my child (identified above in this Agreement) being permitted to attend the ASK that is to be conducted by The Klein Memorial Auditorium Foundation, on behalf of myself, my child, and all family members of either of us, I hereby agree as follows:

1. My child is responsible for his/her behavior while attending Klein Theatre Arts. If my child engages in disruptive, abusive or otherwise unacceptable behavior, as determined in the sole discretion of the Executive Director, Laurence Caso, of The Klein Memorial Auditorium Foundation, my child may be dismissed from KTA.

2. I acknowledge that my child will not be permitted to attend KTA unless I submit, prior to the start of the semester, all completed and signed registration forms, including a properly completed medical form signed by my child's physician confirming that my child is in good health and has no physical or mental condition that would present any risk to my child or others as a result of his/her participation in KTA.

3. I am not aware of any physical or mental condition of my child that would present any risk to my child or others as a result of his/her participation in KTA.

4. I acknowledge and agree that I am responsible for any and all charges for medical treatment that may be provided to my child for any injuries suffered due to his/her preparation for, participation in, or attendance at any activities or events in any way relating to the After School at the Klein program.

5. I acknowledge and agree that I am responsible for payment for any and all property damage that may be caused by my child due to his/her preparation for, participation in, or attendance at any activities or events in any way relating to ASK.

6. I hereby authorize the staff or faculty of KTA, The Klein Memorial Auditorium Foundation, or others on their behalf, to photograph, broadcast, videotape, or otherwise record visually or by sound my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA.

7. I further authorize The Klein Memorial Auditorium Foundation to use any such photographs, broadcasts, videotapes or other recordings for promotional or commercial purposes without my prior review and without compensation or payment of any kind, and agree that all such photographs, broadcasts, videotapes or other recordings of my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA are the sole and exclusive property of The Klein Memorial Auditorium Foundation.

8. This Agreement constitutes the entire agreement of the parties concerning its subject matter and shall supersede the terms of any other prior or contemporaneous agreement, representation or understanding (whether oral or written) between the parties concerning the subject matter of this Agreement. This Agreement cannot be changed or modified other than in writing signed by both me and the managing member of The Klein Memorial Auditorium Foundation.

Initial _____ **Date** _____

STUDENTS NAME: _____

9. I agree that Connecticut law (without regard to Connecticut's conflict of laws provisions) shall govern all our respective rights and obligations under this Agreement. I also acknowledge that it is the intent of the parties that this Agreement be enforceable to the fullest extent permitted by Connecticut law. Accordingly, if any provision of this Agreement as presently written should be construed to be illegal, invalid or unenforceable, said illegal, invalid or unenforceable provision shall be deemed to be amended and construed to have the broadest scope permissible (the parties intending and agreeing that any provision of this Agreement may be reformed to have the broadest scope permitted by applicable law), and if no validating amendment or construction is possible, shall be severable from the rest of this Agreement, and the validity, legality, and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

10. I acknowledge and agree that my child's participation in KTA involves physical activities which can be dangerous and which can possibly result in personal injuries, death or property damage. On behalf of myself, my child, and all family members of either of us, I hereby voluntarily RELEASE AND FOREVER DISCHARGE The Klein Memorial Auditorium Foundation and its officers, directors, employees, members and agents, and all members of the staff and faculty of ASK (collectively, the "Releasees"), from any and all past, present or future liability, controversies, suits, actions, causes of action, damages, claims or demands of any nature whatsoever, whether in law or in equity or under any federal, state or local law or other statute, regulation or ordinance, arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA, whether caused by or resulting from the Releasees' own negligence or fault or otherwise. On behalf of myself, my child, and all family members of either of us, I specifically acknowledge and agree that the discharge and release set forth in this paragraph includes, but is not limited to, a full and complete discharge and release of the Releasee's from any and all liability for any and all harm, losses, personal injuries, death, property damage, and claims of any nature whatsoever arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to ASK, whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

11. On behalf of myself, my child, and all family members of either of us, I hereby voluntarily agree to INDEMNIFY AND HOLD THE RELEASEES HARMLESS from and against any and all claims, lawsuits, causes of action, damages, losses, costs or expenses of any nature whatsoever (including attorneys' fees and other defense costs, which I will pay or reimburse the Releasees upon demand), whether foreseen or unforeseen, present or future, known or unknown, arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to ASK, and whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND HEREBY VOLUNTARILY REGISTER MY CHILD FOR PARTICIPATION IN ASK IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PLEASE NOTE: REGISTRATION MUST BE RETURNED SIGNED AND INITIALED WHERE INDICATED AND WITHOUT ANY CORRECTIONS OR CHANGES. REGISTRATIONS WILL NOT BE ACCEPTED WITH ANY CHANGES.

Initial _____ **Date** _____

***** To Be Completed By Parent/Guardian *****

*****ONLY STUDENTS WHO WERE ENROLLED IN THE SUMMER '25 SEMESTER DO NOT NEED AN ADDITIONAL FORM**

❑**Child has the following conditions:** *(please list any and all conditions that we should be aware of, such as diabetes, ADHD, autism, etc.) whether or not they are currently receiving treatment. This information will be held in confidence. Please note it will help us make your child comfortable.*

_____ _____

_____ _____

_____ _____

_____ _____

❑**Child has no conditions we should be made aware of** **Initial:** _____

MEDICATIONS/PRESCRIPTION: Children attending Klein Theatre Arts must administer their own prescription medication. No employee of The Klein Memorial Auditorium Foundation or KTA is allowed to dispense any prescription medicine.

NON-PRESCRIPTION I authorize the health care supervisor or designated First Aider to administer these non-prescription medications in brand or generic form if necessary for camper's comfort:

❑ Acetaminophen (Such as Tylenol)
❑ Ibuprofen (Such as Advil)
❑ Antihistamine (Such as Benadryl)
❑ Throat Gargles or Lozenges (Such as Halls)
❑ Skin Creams (Such as Hydrocortisone)
❑ Skin Lotions (Such as Calamine)

❑YOU HAVE MY PERMISSION TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICATION TO MY CHILD IF NEEDED.

❑YOU DO NOT HAVE MY PERMISSION TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICATION TO MY CHILD IF NEEDED.

PRINT CHILD'S FIRST & LAST NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____

If your child has a medical condition that we should be aware of, please provide an explanation here: _____

_____

2025-26 HEALTH EXAM/RECORD
FOR ATTENDEES AND STAFF

Physical Exams are Valid for 1 year from Date of Last Examination

***** WE DO NOT KEEP PAST FORMS ON FILE *****

State of Connecticut - Department of Public Health
Division Community Based Regulation
1-800-282-6063 (860) 509-8045

*** To Be Completed By Parent/Guardian ***

First & Last Name:_____ Date of Birth: _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Attending Session # _____

*** To Be Completed & Signed By Medical Practitioner ***
FORM MUST BE SIGNED BY CHILD'S PHYSICIAN

Date: _____

_____ May participate in all Fall KTA activities

_____ May participate except for _____

Medical information pertinent to routine care and emergencies _____

Is this individual taking prescription medication? __ Yes __ No
If yes, please indicate the name of the prescription _____

Does the individual have allergies? __Yes __ No ___ EpiPen treatment required?
If yes, please explain _____

Is the individual on a special diet? __ Yes __ No
If yes, please explain _____

Any conditions we should be made aware of (diabetes, ADHD, OCD, learning disabilities (please explain), Autism, etc.):
_____
_____
_____

The camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No	Date(s)
Measles			
Mumps			
Rubella			
Chickenpox			
Tetanus			

PRINT NAME OF MEDICAL CARE PROVIDER _____

MEDICAL CARE PROVIDER'S ADDRESS _____

MEDICAL CARE PROVIDER'S CITY/TOWN/ZIP CODE _____

_____ _____ _____
Signature of Physician, APRN or PA **Telephone Number** **Date Form Signed**