

Enrollment for Theater Plus! –Fall 2010

Camper's First Name _____ Last _____

Mailing Address _____ Town _____ Zip _____

Home Phone () _____ Email Address _____

Date of Birth ____/____/____ Grade in school _____ School _____

Which studio and which session would you like to attend?

Half Session (4pm to 5:15pm)

Studio A (PreK – 3rd grade)

Full Session (4pm to 7pm)

Studio A (PreK – 3rd grade)

Studio 1 (4th and 5th grade)

Studio 2 (6th, 7th and 8th grade)

Studio 3 (9th and 10th grade)

Tuition is \$225.00 for full sessions and \$100.00 for half sessions.
A non-refundable \$100.00/\$50.00 deposit must accompany this application.
The balance is due 10 days prior to opening day of the session.

In case of an emergency:

Parent/Guardian # 1

Name _____ Relationship _____ Day Phone _____

Parent/Guardian #2

Name _____ Relationship _____ Day Phone _____

Friend/Relative

Name _____ Relationship _____ Day Phone _____

Please send Theater Plus! information to our friends:

Friend's Name: _____ Address: _____

Friend's Name: _____ Address: _____

I hereby request that the person enrolled above be admitted to Theater Plus! and authorize the Director to act for me according to her best judgment in any emergency requiring medical attention other than that maintained by Theater Plus!, for which service I shall pay. Participants are responsible for property damage and may be sent home without refund for violation of camp rules.

Signature of Parent/Guardian (NOTE: Application must be signed.)

Theater Plus! Medical Form

Camper's First Name _____ Last _____

Doctor _____ Phone _____

Is your camper allergic to anything? YES NO
If YES, please list:

Does your camper have any physical limitations? YES NO
If YES, please list:

Has your camper had a physical in the last year? YES NO

Is your camper up to date on their immunizations? YES NO

Is there anything about your camper that you would like us to be aware of?

Other comments:

Signature of Parent/Guardian (NOTE: Form must be signed.)