

SCT SUMMER CAMP 2019

2160 E. Victory Dr. Savannah, GA 31404

www.savannahchildrenstheatre.org 912-238-9015 camps@savannahchildrenstheatre.org

<p>ON WITH THE SHOW at SCT from 9am - 5pm \$550 each Before/After Care available from 8am - 6pm - \$10/day or \$50/week</p> <p>Session 1 June 3 - June 16 Show weekend: June 14-16 <u>Age 7/Rising 2nd - 8th grades</u> Full tuition due by May 20 Choose one <input type="checkbox"/> Madagascar Jr. - FULL - WAIT LIST ONLY <input type="checkbox"/> We are Monsters</p>	<p>DANCE CAMP at SCT from 9am - 5pm \$275 Before/After Care available from 8am - 6pm - \$10/day or \$50/week</p> <p>May 27 - 31 Show May 31 Full tuition due by May 13 <u>Age 7/Rising 2nd - Graduating 12th grades</u> <input type="checkbox"/> British Invasion</p>
<p>Session 2 June 17 - June 30 Show weekend: June 29 - June 30 <u>Age 7/Rising 2nd - 8th grades</u> Full tuition due by June 3 Choose one <input type="checkbox"/> Disney's Frozen Jr. <input type="checkbox"/> Space Pirates</p>	<p>CAMP CREATIVE ADVENTURES \$275 each 9am - Noon. <u>Pre-K - 1st grades</u> <input type="checkbox"/> Session 1 at SCT: May 27 - May 31 <input type="checkbox"/> Session 2 at SCT: June 3 - June 7</p>
<p>Session 3 July 8 - July 21 Show weekend: July 19-21 <u>Age 7/Rising 2nd - 5th grades</u> Full tuition due by June 24 <input type="checkbox"/> Rainbow Fish FULL - WAIT LIST ONLY <u>Rising 6th - Rising 8th</u> Full tuition due by June 24 <input type="checkbox"/> Disney's Frozen Jr. FULL - WAIT LIST ONLY</p>	<p>Please mail or drop off form in person. No emailed forms accepted. One form per camper. Each registration form must include a \$100 non-refundable deposit per camper. Payments may be made on our website via the donation link. If registering after the full tuition due date, payment must be made in full. All camp balances are non-refundable starting the first day of camp. Total camp fees are due two weeks before the start of camp. All campers must bring their own lunch & drink. SCT provides a snack. Before/After Care is \$10 a day or \$50 a week.</p>
<p>Session 4 July 22 - August 4 Show weekend August 2-4 <u>Rising 9th-Graduating 12th grades</u> <input type="checkbox"/> Kiss Me Kate Full tuition due by July 8</p>	

Camper _____ Gender _____ New ___ Returning ___
 School (Fall '19) _____ Grade (Fall '19) _____ DOB ___/___/___ Current Age ___
 Parents/Guardians _____
 Address _____ City _____ State _____ Zip Code _____
 Place of Employment _____
 All Contact #'s _____
 Primary emails _____
 Emergency Contact if You Cannot be Reached _____ Relationship _____ # _____
 Please check here if interested in receiving our monthly email newsletter

All camp registrations must be accompanied by a non-refundable \$100 deposit. Check Cash CC

FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE THE CAMP SESSION START DATE. IF PAYMENT IS NOT RECEIVED BY THE DUE DATE, YOUR DEPOSIT IS FORFEITED AND THE SPOT IS MADE AVAILABLE TO THE NEXT PERSON ON THE WAITING LIST. BALANCE IS NON-REFUNDABLE AT THE START OF EACH CAMP.

Credit Card # _____

Expiration Date _____ Security Code _____ Amount _____

Credit Card Signature _____ Date _____

I give permission for my child to attend and participate in theatre events sponsored by The Savannah Children's Theatre. I acknowledge that by doing so, there is a possibility of physical injury to my child and I release the Savannah Children's Theatre, its operators, instructors and representatives for all damages my child may sustain or suffer while attending and participating in such events. I assume full financial responsibility for any treatment necessary in the event of personal injury. In addition, I hereby give my permission for emergency medical treatment, in the event I cannot be reached in a timely manner. I hereby acknowledge that ALL camp fees are non-refundable. I understand that The Savannah Children's Theatre retains the right to use photographs of campers taken at SCT for publicity and advertising purposes.

*****Parent/Guardian Signature** _____ **Date** _____

On the back of this form please list your camper's allergies, current medications, and any medical concerns.

<p>Office use only: Cash _____ Check _____ Charge _____ Amount _____ Date _____ Notes: _____</p>
