



**DANCE Fall Registration 2019**  
**Savannah Children's Theatre**  
 2160 E. Victory Dr. Savannah, GA 3  
 www.savannahchildrenstheatre.org 912-238-9015



**DANCE for Musical Theatre**

\$100 non-refundable costume fee per class to register. Balance can be paid in full or divided into 8 monthly payments of \$80.

Class Dates: Aug 26-May 2  
 Performance Dates: May 1 & 2

\_\_\_Jazz/Tap 2<sup>nd</sup> - 5<sup>th</sup> grade Mon. - 5-6pm (\$675)  
 \_\_\_Jazz/Tap 6<sup>th</sup> - 8<sup>th</sup> grade Mon. - 4-5pm (\$675)  
 \_\_\_Jazz/Tap 9<sup>th</sup> - 12<sup>th</sup> grade Mon. - 6-7pm (\$675)

\_\_\_Ballet/Contemporary 2<sup>nd</sup>-5<sup>th</sup> grade Wed 5-6pm (\$675)  
 \_\_\_Ballet/Contemporary 6<sup>th</sup>-8<sup>th</sup> grade Wed 4-5pm (\$675)  
 \_\_\_Ballet/Contemporary 9<sup>th</sup>-12<sup>th</sup> grade Wed - 6-7pm (\$675)

Aerial Silks 5<sup>th</sup>-12<sup>th</sup> Grades Mon 5-6pm/6-7pm (\$675)

**Audition Dates** (No deposit required)

**Kids on Stage – PINKALICIOUS**  
 Age 7 AND in 2nd grade - 12th grade

Audition date: Aug 13 @7pm Show dates: Sept 27-29, Oct 4-6

**Main Stage- MATILDA**  
 Age 7 AND in 2nd grade - Adult

Audition dates: Sep 16 or 17 @ 7pm Show Dates: Jan 24-Feb 9

**Holiday Show- A CHARLIE BROWN CHRISTMAS**  
 Age 7 AND in 2nd grade - 12th grade

Audition date: Sept 30 @ 7pm Show Dates: Dec 6-8,13-15,20-22

Please use one form per student. No emailed forms will be accepted.

Student \_\_\_\_\_ Gender \_\_\_\_\_ New \_\_\_ Returning \_\_\_  
 School \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Current Age \_\_\_  
 Parents/Guardians \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 All Contact #'s \_\_\_\_\_  
 (Please list type of #, i.e.; work, home, mother, father cell, etc.)

Primary Emails \_\_\_\_\_

\_\_\_ Please check here if interested in receiving our monthly email newsletter.

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 any and 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 fees are non-refundable. I understand that The Savannah Children's Theatre retains the right to use photographs of students taken at SCT for publicity and advertising purposes. SCT is not responsible for lost or stolen cash, electronic equipment or personal belongings brought into the building.

I acknowledge that I have been informed that this program is not a licensed child care facility. I understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements.

**\*\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**All class registrations must be accompanied by a non-refundable \$100 deposit.** \_\_\_ Check \_\_\_ Cash \_\_\_ CC  
 FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE THE SHOW DATE - ALL CLASS FEES ARE NON REFUNDABLE. SCT RUNS AUTOMATIC MONTHLY PAYMENTS FOR ALL DANCE CLASSES VIA CREDIT CARD. CREDIT CARD MUST BE PROVIDED BELOW FOR DANCE CLASS.

Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \_\_\_\_\_  
 Credit Card Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Office use only: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Notes: \_\_\_\_\_  
 QB \_\_\_\_\_ IN \_\_\_\_\_