



THEATRE Fall Registration 2019

Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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



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| <p>Creative Dramatics \$550 \$100 non-refundable deposit to register (\$450 balance) Classes meet Tuesday & Thursday 4:30pm – 6:30pm</p> <p>CD1: Age 7 AND in 2nd - 5th grade ___ TUT TUT Class dates: Aug 13-Nov 10 Show dates: Nov 8-10</p> <p>CD2: 6th - 8th grade ___ BABES IN TOYLAND Class dates: Aug 20-Nov 17 Show dates: Nov 15-17</p> | <p>Audition Dates (No deposit required)</p> <p><u>Kids on Stage – PINKALICIOUS</u> Age 7 AND in 2nd grade - 12th grade Audition date: Aug 13 @7pm Show dates: Sept 27-29, Oct 4-6</p> <p><u>Main Stage- MATILDA</u> Age 7 AND in 2nd grade - Adult Audition dates: Sep 16 or 17 @ 7pm Show Dates: Jan 24-Feb 9</p> <p><u>Holiday Show- A CHARLIE BROWN CHRISTMAS</u> Age 7 AND in 2nd grade - 12th grade Audition date: Sept 30 @ 7pm Show Dates: Dec 6-8, 13-15, 20-22</p> |
| <p>___ Creative Adventures \$275 Ages 4,5 & 6 Wed 5-6pm Aug 14-Oct 30 \$100 non-refundable deposit to register (\$175 balance)</p> | <p>Junior Company \$550 \$100 non-refundable deposit to register (\$450 balance)</p> <p>___ DRACULA 8th-12th grades Mon & Wed 7-9pm Class dates: Aug 19-Nov 3 Show Dates: Oct 25-27, Nov 1-3</p> |

Please use one form per student. No emailed forms will be accepted. A scholarship application is available upon request.

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.

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.

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|-----------------------------|-------------|--------------|--------------|------------|--------|
| Office use only: Cash _____ | Check _____ | Charge _____ | Amount _____ | Date _____ | Notes: |
| QB | IN | | | | |