



THEATRE Fall Registration 2020

Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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



Creative Dramatics \$550

\$100 non-refundable deposit to register (\$450 balance)
Classes meet Tuesday & Thursday 4:30pm – 6:30pm

CD1: Age 7 AND in 2nd - 5th grade

___ *Journey of the Noble Gnarble*

Class dates: Aug 25-Nov 8 Possible Show dates Nov 6-8*

CD2: 6th - 8th grade

___ *Freaky Friday*

Class dates: Sep 1-Nov 15 Possible Show dates: Nov 13-15*

*If no live audience, show will be recorded and streamed

Dance for Musical Theatre

\$200 non-refundable deposit to register (\$1300 balance)

Class dates: Aug 31-May 1 3 hrs a week Performance: TBD Apr 30/May 1

\$1500/yr (including deposit) or \$160/mth (after deposit) for 9mths

___DA1 (J/T/CB)* 2nd - 5th grade Mon/Wed 4-5:30pm

___DA2 (J/T/CB)* 6th - 8th grade Mon/Wed 5:30-7pm

___DA3 (J/T/CB)* 9th-12th grade Tue/Thu 4-5:30pm

Aerial Arts

\$100 non-refundable fee per class to register

\$675/yr (including deposit) or \$85/mth (after deposit) for 9mths

___ 5th-12th Grade (Mon or Wed) 4-5:30pm**(\$675)

* Jazz, Tap & Contemporary Ballet for Musical Theatre

** Exact day TBD by instructor based on level

___ Creative Adventures \$275

Ages 4,5 & 6 Wed 5-6pm Aug 26-Nov 11

\$100 non-refundable deposit to register (\$175 balance)

Junior Company \$550

\$100 non-refundable deposit to register (\$450 balance)

___ *Trojan Women*

8th-12th grades Mon & Wed 6-8pm

Class dates: Aug 31- Oct 25 Show Dates: Oct 23-25

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 (2020-2021) _____ 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 deposit. ___Check ___Cash ___CC

All Dance classes MUST have credit card fields completed if opting for monthly charges. Cards will be charged 1st of each month

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.

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