



THEATRE Winter 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

___ *Magical Land of Oz*

Class dates: Nov 10- Feb 12 Possible Show dates Feb 12-14*

CD2: 6th - 8th grade

___ *Give My Regards to Broadway*

Class dates: Nov 17- Feb 19 Possible Show dates: Feb 19-21*

___ ***NEW*Acting for the Camera Workshop: 2nd-8th grade \$275**

\$100 non-refundable deposit to register (\$175 balance)
Saturdays 10am-Noon Oct 10-Nov 14 \$275- \$100 Deposit/ \$175 balance

___ **Creative Adventures \$275**

Ages 4,5 & 6 Wed 5-6pm Nov 18-Feb 10
\$100 non-refundable deposit to register (\$175 balance)

Dance for Musical Theatre

\$200 non-refundable deposit to register

Class dates: Aug 31-May 1 Performance: TBD

DA 1 or 2 \$140/mth (after deposit) DA 3 \$160/mth (after deposit) for 9mths

___ DA1 (J/T/CB)* 2nd - 5th grade Mon/Wed 5-6pm (2hrs/wk)

___ DA2 (J/T/CB)* 6th - 8th grade Mon/Wed 6-7pm (2hrs/wk)

___ DA3 (J/T/CB)* 9th-12th grade Tue/Thu 4-5:30pm (3hrs/wk)

Aerial Arts

\$100 non-refundable fee per class to register

\$80/mth (after deposit) for 8 mths

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

* Jazz, Tap & Contemporary Ballet for Musical Theatre

** Exact day TBD by instructor based on level

Junior Company \$400

\$100 non-refundable deposit to register (\$300 balance)

___ *Acting for the Camera Class*

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

Class dates: Nov 9-Dec 16

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 _____