



# THEATRE Spring Registration 2021

## Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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

<p>IF NOT PAYING IN FULL, WE REQUIRE A \$100 NON-REFUNDABLE DEPOSIT AND A \$100 1ST MONTHLY INSTALLMENT (\$200 TOTAL). MONTHLY PAYMENTS ARE REQUIRED ON ALL CLASSES. THE FINAL BALANCE WILL BE DUE 2 WEEKS PRIOR TO THE SHOW DATE.</p> <p><b>Creative Dramatics \$550</b> Classes meet Tuesday &amp; Thursday 4:30pm – 6:30pm</p> <p><b>CD1: 2<sup>nd</sup> - 5<sup>th</sup> grade</b> ___ <i>Press Start, An 8-Bit Musical</i> Class dates: Feb 16 - May 9 Possible Show dates May 7 - 9*</p> <p><b>CD2: 6<sup>th</sup> - 8<sup>th</sup> grade</b> ___ <i>Into The Woods Jr</i> Class dates: Feb 23 - May 16 Possible Show dates: May 14 - 16*</p> <p>___ <b>Creative Adventures \$275</b> Ages 4,5 &amp; 6 Wed 5-6pm Feb 17 - May 12 \$100 non-refundable deposit (balance of \$175 due by 2 weeks prior to class end date)</p>	<p><b>Dance for Musical Theatre</b> \$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</p> <p>___ DA1 (J/T/CB)* 2<sup>nd</sup> - 5<sup>th</sup> grade Mon/Wed 5-6pm (2hrs/wk) ___ DA2 (J/T/CB)* 6<sup>th</sup> - 8<sup>th</sup> grade Mon/Wed 6-7pm (2hrs/wk) ___ DA3 (J/T/CB)* 9<sup>th</sup>-12<sup>th</sup> grade Tue/Thu 4-5:30pm (3hrs/wk)</p> <p><b>Aerial Arts</b> \$100 non-refundable fee per class to register \$80/mth (after deposit) for 8 mths ___ 5<sup>th</sup>-12<sup>th</sup> Grade (Mon or Wed) 4-5:30pm** * Jazz, Tap &amp; Contemporary Ballet for Musical Theatre ** Exact day TBD by Instructor based on level</p>
<p><b>Junior Company \$575</b> ___ <b>TBD</b> 8<sup>th</sup>-12<sup>th</sup> grades Mon &amp; Wed 6-8pm Class dates: Jan 25-Apr 25 Show Dates: Apr 16-18, 23-25</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 (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 1<sup>st</sup> 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 _____				