



# Spring Fling Registration 2021

2160 E. Victory Dr. Savannah, GA 31404

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

**A 5-day musical theatre camp.** Students will participate in music, dance, acting & visual art to create a one-of-a-kind showcase. The free recorded performance will be shared via email after the camp has ended.

- Who:** 2nd-8th grade students
- When:** March 29-April 2, 9am-3pm
- How Much:** \$275 for the week
- What Else:** Bring your own lunch & water bottle. Wear comfortable clothing & closed-toe shoes.
- All campers & staff are required to wear a mask.**

Please use one form per student. Scholarship application is available upon request.

Student \_\_\_\_\_ Gender/Pronouns \_\_\_\_\_ 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 \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Ph. # \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**Please use the back of this form to list camper's allergies, current medications, medical concerns or special needs.**

\_\_\_ 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

FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE CAMP - ALL FEES ARE NON-REFUNDABLE AFTER THE FIRST DAY OF CAMP.

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card Signature \_\_\_\_\_ Date \_\_\_\_\_

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