



THEATRE FALL Registration 2021

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>\$200 Deposit (\$100 non-refundable + \$100 installment) THE FINAL BALANCE OF \$350 IS DUE 2 WEEKS PRIOR TO THE SHOW DATE.</p> <p>Creative Dramatics \$550 Classes meet Tuesday & Thursday 4:30pm – 6:30pm</p> <p>CD1: 2nd - 5th grade ___ <i>Let Your Hair Down, Rapunzel</i> Class dates: Aug 24- Nov 14 Show dates Nov 12-14</p> <p>CD2: 6th - 8th grade ___ <i>The Enchanted Bookshop</i> Class dates: Aug 17-Nov 7 Show dates: Nov 5-7</p> | <p>UPCOMING AUDITIONS</p> <p><i>THE WITCHES</i>- Tues. Aug 10th @ 7pm (ages 14 & up) Show Dates: Oct 8-10, 15-17</p> <p><i>SEUSSICAL</i>- Sept 27 OR 28 @ 7pm (ages 7 to adult) Show Dates: Jan 21-23, 28-30 and Feb 4-6</p> <p><i>A CHARLIE BROWN CHRISTMAS</i>- Oct 4 @ 7pm (ages 7-18) Show Dates: Dec 3-5, 10-12 & 17-19</p> |
| <p>___ Creative Adventures \$275 Ages 4,5 & 6 Wed 5-6pm Aug 18-Nov 3 \$100 non-refundable deposit (balance of \$175 due by 2 weeks prior to class end date)</p> | <p>Junior Company \$550 ___ <i>The 39 Steps</i> 8th-12th grades Mon & Wed 7-9pm Class dates: Aug 23- Oct 31 Show Dates: Oct 22-24, 29-31</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 (2021-2022) _____ 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

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 _____ |