



# Winter Registration 2017-18

## Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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



<p><b>Creative Dramatics I &amp; II \$500</b>          \$100 non-refundable deposit to register (\$400 balance)          Classes meet Tuesday &amp; Thursday 4:30pm – 6:30pm</p> <p>___ <b>There's a Monster in My Closet</b>          Class dates: Nov 14-Feb 11          Age 7 AND in 2<sup>nd</sup> - 5<sup>th</sup> grade Show dates: Feb 9-11</p> <p>___ <b>Pirates of Penzance</b>          Class dates: Nov 21-Feb 18          6<sup>th</sup> - 8<sup>th</sup> grade Show dates: Feb 16-18</p>	<p><b>Audition Dates</b> (No deposit required)  <b>Holiday Show – A Charlie Brown Christmas</b>          Age 7 AND in 2nd grade – 12th grade          Audition date: October 16 @ 7pm Show dates: Dec 1 -17</p> <p><b>Kids on Stage – Stellanuna</b>          Age 7 AND in 2nd grade – 12th grade          Audition date: Jan 23 @7pm Show dates: Mar 2-11</p> <p><b>Main Stage- Disney's Beauty and the Beast</b>          Age 7 AND in 2nd grade – 12th grade          Audition dates: Feb 12 or 13th @ 7pm Show dates: May 18-Jun 3</p>
<p>___ <b>Creative Adventures \$250</b>          Wed 5-6pm Nov 8-Feb 7          \$100 non-refundable deposit to register (\$150 balance)</p>	<p><b>DANCE for Musical Theatre</b>          \$100 non-refundable costume fee per class to register.          Class dates: Aug 21-May 5 Performance: May 4 &amp; 5</p> <p>___Jazz/Tap 2<sup>nd</sup> - 5<sup>th</sup> grade Mon. - 5-6pm (\$675)          ___Jazz/Tap 6<sup>th</sup> - 8<sup>th</sup> grade Mon. - 4-5pm (\$675)          ___Jazz/Tap 9<sup>th</sup> - 12<sup>th</sup> grade Mon. - 6-7pm (\$675)          ___Ballet/Contemporary 2<sup>nd</sup> - 5<sup>th</sup> grade Weds. - 5-6pm (\$675)          ___Ballet/Contemporary 6<sup>th</sup> - 8<sup>th</sup> grade Weds. - 4-5pm (\$675)          ___Ballet/Contemporary 9<sup>th</sup> - 12<sup>th</sup> grade Weds. - 6-7pm (\$675)          ___Ballet K – 1<sup>st</sup> grade Fri. 5-6pm (\$375)          ___Aerial Silks 5<sup>th</sup>-12<sup>th</sup> Grades Mon 5-6pm/6-7pm*(\$675)          *Levels TBD by instructor. Private lessons available upon request.</p>
<p><b>Junior Company \$500</b>          \$100 non-refundable deposit to register (\$400 balance)</p> <p>___ <b>Bonnie &amp; Clyde</b>          8<sup>th</sup> - 12<sup>th</sup> grades Monday &amp; Wednesday 7 - 9pm          Class dates: Jan 29-Apr 15          Show dates: Apr 6-15</p>	

Please use one form per student. No emailed forms will be accepted. A scholarship application is available upon request.

Student \_\_\_\_\_ Male \_\_\_ Female \_\_\_ New \_\_\_ Returning \_\_\_

School \_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_ 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.

**\*\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**All class registrations must be accompanied by a non-refundable \$100 deposit.** \_\_\_ Check \_\_\_ Cash \_\_\_ CC

**FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE THE SHOW DATE - ALL CLASS FEES ARE NON REFUNDABLE. SCT RUNS AUTOMATIC MONTHLY PAYMENTS FOR ALL DANCE CLASSES VIA CREDIT CARD. CREDIT CARD MUST BE PROVIDED BELOW FOR DANCE CLASS.**

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: _____
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