



Fall Registration 2017

Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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



<p>Creative Dramatics I & II \$500 \$100 non-refundable deposit to register (\$400 balance) Classes meet Tuesday & Thursday 4:30pm – 6:30pm</p> <p>___ Let Your Hair Down Rapunzel Class dates: Aug 15-Nov 12 Age 7 AND in 2nd - 5th grade Show dates: Nov 10-12</p> <p>___ Anne of Green Gables Class dates: Aug 22-Nov 19 6th - 8th grade Show dates: Nov 17-19</p>	<p>Audition Dates (No deposit required) Kids on Stage – Junie B. Jones the Musical Age 7 AND in 2nd grade - 12th grade Audition date: Aug 15 @7pm Show dates: Sep 22-Oct 1</p> <p>Holiday Show – A Charlie Brown Christmas Age 7 AND in 2nd grade - 12th grade Audition date: October 16 @ 7pm Show dates: Dec 1 -17</p> <p>Main Stage- The Hunchback of Notre Dame Age 7 AND in 2nd grade - 12th grade Audition dates: September 25 or 26 @ 7pm Show dates: Jan 19 – Feb 4</p>
<p>___ Creative Adventures \$250 Wed 5-6pm Aug 16-Nov 1 \$100 non-refundable deposit to register (\$150 balance)</p>	<p>DANCE for Musical Theatre \$100 non-refundable costume fee per class to register. Class dates: Aug 21-May 5 Performance: May 4 & 5</p> <p>___ Jazz/Tap 2nd - 5th grade Mon. - 5-6pm (\$675) ___ Jazz/Tap 6th - 8th grade Mon. - 4-5pm (\$675) ___ Jazz/Tap 9th - 12th grade Mon. - 6-7pm (\$675) ___ Ballet/Contemporary 2nd - 5th grade Weds. - 5-6pm (\$675) ___ Ballet/Contemporary 6th - 8th grade Weds. - 4-5pm (\$675) ___ Ballet/Contemporary 9th - 12th grade Weds. - 6-7pm (\$675) ___ Pre Ballet K – 1st grade Sat. 10-11am (\$375) ___ Aerial Silks 5th-12th Grades Mon 5-6pm/6-7pm*(\$675) *Levels TBD by instructor. Private lessons available upon request.</p>
<p>Junior Company \$500 \$100 non-refundable deposit to register (\$400 balance)</p> <p>___ Peter and the Starcatcher 8th - 12th grades Monday & Wednesday 7 - 9pm Class dates: Aug 28-Oct 22 Show dates: Oct 13-22</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: _____