

SUMMER CAMP 2017

Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

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

<p>ON WITH THE SHOW at SCT from 9am - 5pm Before/After care available from 8am - 6pm - \$10/day \$50 week.</p> <p>Session 1 June 5 - June 18 Show weekend: June 16 - 18 \$500 Rising 2nd - 8th grades Full tuition due by May 22 Choose one <input type="checkbox"/> <i>The Grunch (Who Stole Musical Theatre)</i> <input type="checkbox"/> <i>Disney's The Lion King Jr.</i> FULL WAIT LIST ONLY</p>	<p>DANCE CAMP at SCT from 9am - 5pm Before/After care available from 8am - 6pm - \$10/day \$50 week.</p> <p>Session I May 29 - June 2 Show: June 2 \$250 Rising 2nd - Graduating 12th grades Full tuition due by May 15 <input type="checkbox"/> <i>Dance Camp Nine and Three-Quarters</i></p>
<p>Session 2 June 19 - July 2 Show weekend: June 30 - July 2 \$500 Rising 2nd - 8th grades Full tuition due by June 5 Choose one <input type="checkbox"/> <i>Press Start, an 8-Bit Musical</i> <input type="checkbox"/> <i>Disney's Aladdin Jr.</i> FULL WAIT LIST ONLY</p>	<p>Session II July 24 - July 28 Show: July 28 \$250 Rising 2nd - Graduating 12th grades Full tuition due by July 10 <input type="checkbox"/> <i>Game On!</i></p>
<p>Session 3 July 10 - July 23 Show weekend: July 21- 23 \$500 Rising 2nd - 5th grades Full tuition due by June 26 <input type="checkbox"/> <i>Disney's Sleeping Beauty Kids</i> <input type="checkbox"/> <i>Disney's Alice in Wonderland Jr.</i> FULL WAIT LIST ONLY Rising 6th - Rising 8th <input type="checkbox"/> <i>The Pajama Game</i> (HELD AT SAVANNAH ARTS ACADEMY)</p>	<p>CREATIVE ADVENTURES at Savannah Country Day Registration & payment at SCDS ONLY. Call (912) 925-8800 or go to www.savcds.org. 9am - Noon. Pre-K - 1st grade Sessions: May 30 - June 2 & June 5 - June 9 \$150</p> <p>Please mail or drop off form in person. No emailed forms accepted. One form per camper. Each registration form must include a \$100 non-refundable deposit per camp. Payments may be made on our website via the donation link. If registering after the full tuition due date, payment must be made in full. All camp balances are non-refundable starting the first day of camp. Total camp fees are due two weeks before the start of camp. All campers must bring their own lunch and drink. SCT provides a snack. Before/After care is \$10 a day or \$50 a week.</p>

Camper _____ Male ___ Female ___ New ___ Returning ___

School (Fall '17) _____ Grade (Fall '17) _____ DOB ___/___/___ Current Age _____

Parents/Guardians _____

Address _____ City _____ State _____ Zip Code _____

Place of Employment _____

Home# _____ Cell# _____ Work# _____

Primary Emails _____

Emergency # (Other Than Yourself) _____ Name/Relationship _____

All camp registrations must be accompanied by a non-refundable \$100 deposit. ___ Check ___ Cash ___ CC

FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE THE CAMP SESSION START DATE. IF PAYMENT IS NOT RECEIVED BY THE DUE DATE, YOUR DEPOSIT IS FORFEITED AND THE SPOT IS MADE AVAILABLE TO THE NEXT PERSON ON THE WAITING LIST. BALANCE IS NON-REFUNDABLE AT THE START OF EACH CAMP.

Credit Card # _____

Expiration Date _____ Security Code _____ Amount _____

Credit Card Signature _____ Date _____

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 camp fees are non-refundable. I understand that The Savannah Children's Theatre retains the right to use photographs of campers taken at SCT for publicity and advertising purposes.

*****Parent/Guardian Signature** _____ **Date** _____

On the back of this form please list your camper's allergies, current medications, and any medical concerns.

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