

COMMUNITY THEATRE OF GREENSBORO (ONE STUDENT PER FORM)

STUDENT NAME _____ AGE _____

ADDRESS _____

PHONE # _____

CHILD'S SCHOOL _____

	REGISTERING ON or BEFORE MAY 1	IF REGISTERING AFTER MAY 1
WEEK #1: 6/14-6/18		
Nickeldeon Time	8:30 am – 12:30 pm _____ \$80	_____ \$105
Game Show Showdown	8:30 am – 5:30 pm _____ \$135	_____ \$155
Musical Theatre Decades	1:30 – 5:30 pm _____ \$80	_____ \$105
WEEK #2: 6/21-6/25		
The Amazing Toy Town	8:30 am – 12:30 pm _____ \$80	_____ \$105
Acting and Improv	8:30 am – 12:30 pm _____ \$80	_____ \$105
Kidz Bop	1:30 – 5:30 pm _____ \$80	_____ \$105
Musical Madness	1:30 – 5:30 pm _____ \$80	_____ \$105
WEEK #3: 6/28 – 7/02		
Seusville	8:30 am – 5:30 pm _____ \$135	_____ \$155
CSI at CTG	8:30 am – 12:30 pm _____ \$80	_____ \$105
What's Hot on Broadway	1:30 – 5:30 pm _____ \$80	_____ \$105
WEEK #4: 7/6– 7/9		
Auditioning for Wizard	8:30 am-12:30 pm _____ \$80	_____ \$105
Do You GLEE?	8:30 am-12:30 pm _____ \$80	_____ \$105
Nursery Rhyme Time	1:30 – 5:30 pm _____ \$80	_____ \$105
The Hip Hop Stop	1:30 – 5:30 pm _____ \$80	_____ \$105
WEEK #5: 7/12 – 7/16		
Beginning Acting	8:30 am – 12:30 pm _____ \$80	_____ \$105
Juke Box Musicals	8:30 am – 12:30 pm _____ \$80	_____ \$105
Clowning Around	1:30 – 5:30 pm _____ \$80	_____ \$105
Monologue Mania	1:30 – 5:30 pm _____ \$80	_____ \$105

2010 SUMMER THEATRE CAMP REGISTRATION

PARENT NAME _____

CITY _____ ZIP _____

OTHER PHONE # _____

E-MAIL _____

	REGISTERING ON or BEFORE MAY 1	IF REGISTERING AFTER MAY 1
WEEK # 6: 7/19 – 7/23		
Move To The Music	8:30 am – 12:30 pm _____ \$80	_____ \$105
Lovely Ladies/Leading Men	8:30 am – 12:30 pm _____ \$80	_____ \$105
Comic Book Heroes	8:30 am – 12:30 pm _____ \$80	_____ \$105
Modeling Camp	1:30 – 5:30 pm _____ \$80	_____ \$105
WEEK # 7: 7/26 – 7/30		
Broadway Jr. Kids	8:30 am – 12:30 pm _____ \$80	_____ \$105
The Jazz Square	8:30 am – 12:30 pm _____ \$80	_____ \$105
Fairy Tale Magic	1:30 pm – 5:30 pm _____ \$80	_____ \$105
Broadway Bound	1:30 pm – 5:30 pm _____ \$80	_____ \$105
WEEKS #8 and #9: 8/2 – 8/13 (must sign up for both weeks)		
Beauty and the Beast , Jr.	8:30 am 5:30 pm _____ \$350	_____ \$400
WEEK #11 – 8/16 – 8/20		
Under The Sea	8:30 am – 12:30 pm _____ \$80	_____ \$105
After Happily Ever After	8:30 am – 12:30 pm _____ \$80	_____ \$105
Intro To Popular Music	1:30 – 5:30 pm _____ \$80	_____ \$105
Fabulous 50's	1:30 – 5:30 pm _____ \$80	_____ \$105

★ Checks will be accepted until one week prior to the start of a camp. If the camp you are paying for starts in less than a week, payment must be in the form of cash or credit card.

If you are more than 10 minutes late picking up your child, you will be charged \$5.00 for every 5 minutes you are late. This amount is due upon pickup of your child.

Camp tuition fees are due upon registration and are NON REFUNDABLE.

Add Early Drop-off for \$10.00 per week \$ _____ .00 (*Begins at 8:00 am)

TOTAL AMOUNT DUE \$ _____ .00 \$ _____ .00

CHOOSE PAYMENT OPTION: CASH CHECK CREDIT CARD

CARD # _____

EXP. DATE ____/____ SECURITY CODE * _____

* Visa/MasterCard-Last 3 digits on back of card, American Express-4 digits on front of card above the card #

DATE _____ PARENT SIGNATURE _____

**Please complete this form on both sides and return with payment to:
Community Theatre of Greensboro, 200 N. Davie St. Box #9
Greensboro, NC 27401 or fax both sides to (336) 333-2607.**

Camp Registration

One week advanced registration is required for all camps. Children may not attend any camp without registration and emergency contact information on file.

Early Drop-off & Late Pick-up

CTG will be providing child care for those parents that must drop off their children before a camp begins each morning. CTG is not responsible for children that are dropped off early without prior notice and arrangements.

Cancellation Policy

CTG makes every effort to maintain the schedule of Summer Camps as announced in the brochure. However we reserve the right to cancel any camp not meeting a minimum enrollment. Camp cancellations are decided one week before the class begins. Fees are 100% refundable if CTG cancels a camp due to insufficient enrollment.

Refunds & Credits

Cancellations made by the student or parent before the start dates are 100% transferable into another camp if space permits. **No Refunds** will be made once tuition is paid.

Child's Health History

- Allergies (Please Circle)
Bee Stings Penicillin Dairy Products
Other: _____
- Has your child been diagnosed with any of the following?
___ TB ___ Heart Condition
___ Kidney Problems ___ Diabetes
Other: _____
- Recent Injuries: (Please explain) _____

- Special requirements:
Medication during the day _____
Special Diet _____
Explain: _____

Student Emergency Information

Home Phone # _____

In case of emergency, we need two contacts

- Emergency Name: _____
Emergency Phone: _____
Emergency Name: _____
Emergency Phone: _____

Mom Work # _____ Cell: _____

Dad Work # _____ Cell: _____

Special Needs

Please use this space to share with us any special health, behavioral, learning, or other needs your child might have. All information is confidential.

In connection with the registration of your child for the theatre classes and/or theatrical performances to be conducted by The Community Theatre of Greensboro, and in consideration of your enrollment and/or consent of said child in such classes and/or performances, I/we the undersigned parent(s), acknowledge that I/we have been informed fully on the activities to be offered to said child and consent thereto; represent that said child/children are in good health and physically fit and capable of participation in the theatrical programs and performances to be offered by The Community Theatre of Greensboro; acknowledge the risks and hazards of physical injury inherent in theatrical workshops and performances and hereby assume all such risks and hazards; and I/we hereby release, waive, and agree not to assert against Community Theatre of Greensboro, the Greensboro Cultural Center, each of its directors, teachers, officers, supervisors, agents, or employees, any claim for injury to said child in consequence of or incident to such training, performance or other activities.

In case of an emergency, if the staff of the Community Theatre of Greensboro is unable to reach me/us by phone, or it is a situation that appears to require immediate emergency medical assistance, I/we hereby give my/our permission for the staff to contact 911 and secure treatment for my/our child as named in the emergency information.

Name of Child _____

I/we have read the above and agree to its content.
Name of parent(s) or legal guardian. (PLEASE PRINT)

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN

Date _____
Date _____