DATE REC'D	TIME
DV.	



## Sunny D Children's Theater Summer Camp 2024 "CAMPFIRE CHRONICLES!" JUNE 10 - 21, 2024



CAMPERS NAME:			
DATE OF BIRTH:		AGE:	
NICKNAME:		SCHOOL:	
ADDRESS:		GRADE:	[: F:
CITY:		GENDER - M	I: F:
CITY: STATE: ZIP:		T-SHIRT SIZE	:
		(specify youth	or adult size)
PRIMARY CONTACT:			
NAME:		RELATIONSH	IP TO CAMPER:
HOME PHONE:		EMAIL:	
CELL PHONE:		ADDRESS (If	different from camper):
WORK PHONE:			
SECONDARY CONTACT:			
		RELATIONSH	IP TO CAMPER:
NAME: HOME PHONE:			II TO CAMI ER.
HOME PHONE:  CELL PHONE:		ADDRESS (If	different from camper):
WORK PHONE:		ADDRESS (II	different from eamper).
WORKTHOILE.			
<b>EMERGENCY CONTACT:</b>			
NAME:		RELATIONSH	TP TO CAMPER:
HOME PHONE:		EMAIL:	
CELL PHONE:		WORK PHON	E:
Who has permission to pick up you	ur child(ren)?		
Name	Relationship		Phone Number
1 199444	11014tionship		Z HOME THUILDEL

	CLA	ASSES	
Selection	Ages by Classroom	Tuition	Time of Class
	LITTLE BITS (Age 5-6) Director: Sarah Creed - Mother Goose	\$200.00	9:00 AM - 1:00 PM
	TWEENS (Ages 7-9) Director: Heath Burnett - Folk Tails	\$250.00	9:00 AM - 4:00 PM
	TEENS DRAMA (Ages 13- 18 Director: Rhiannon Lundquist - The Granite Park Rangers	\$250.00	9:00 AM - 4:00 PM
	Intro to Musical Theater (Ages 7-12) Director: Kennedy Davis - Tuck Everlasting	\$250.00	9:00 AM - 4:00 PM
	MUSICAL THEATRE I (Age 13-18) Director: Zachary Nelson - Shrek The Musical Adv Jr.	\$300.00	9:00 AM - 4:00 PM
	MUSICAL THEATRE II Masters (Age 12-18) Director: Edie Walls - The Lightning Thief: A Percy Jackson Musical	\$300.00	9:00 AM - 4:00 PM

(Previous musical theater experience required in order to attend Musical Theater II.)

	Camp Questionaire	YES	<u>NO</u>
1.	Has your child previously attended summer camp?		
	Was it a positive experience?		
2.	Does your child have any allergies?		
3.	Does your child have any dietary restrictions (other than allergies)?		
4.	Does your child have any vision, hearing, mobility, healthcare, or behavioral needs?		
5.	Does your child have any triggers that might agitate or overwhelm your child?		
6.	Does your child have any disruptive behaviors?		
7.	Does your child have any restrictions on activities?		
8.	Will your child need to take any medications while at camp?		

IF YOU ANSWERED "YES" TO QUESTIONS 2 TO 8, PLEASE EXPLAIN.

If so, please list here: (add pages, if necess <i>Medication</i>	Dosage	Time	Phone
тешсиноп	Dosuge	Time	1 none
have answered the questions correctly an	d in good faith to the b	est of my knowl	edge.
		_	
Parent/ Guardian Signature:			ate:
A non-refundable \$50 deposit is require			ate:
A non-refundable \$50 deposit is require	d to reserve a spot in	camp.	ate:
A non-refundable \$50 deposit is require Final Tuition is due April 30th.	d to reserve a spot in	camp.	ate:
A non-refundable \$50 deposit is require Final Tuition is due April 30th. ENCLOSED IS A \$50 NON RE	d to reserve a spot in FUNDABLE DEPOS HECK	camp.	ate:

**Additional Forms Required Prior to Camp:** 

• Liability Release Form

application if needed.

- Medical Release/Health Insurance Form
- Parent/Guardian Volunteer Form
- General Camp Information Form