

2018



# Sundance Theatre Camp

**Ages 5 – 14 Years**

**Session 1: 101 DALMATIANS KIDS**

**Session 2: DEAR EDWINA JR.**

**Session 3: CINDERELLA**

**A Note from the Director:**

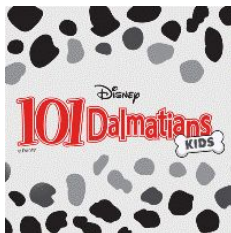
Each day the campers work at their own pace in a nurturing, supportive environment, while embracing and celebrating their individual talents. The STC model is specifically designed to help children understand the importance of ensemble work and respect for the process of building a production.

**SCHEDULES & FEES:** You may choose more than one session

- |   |         |
|---|---------|
| <input type="checkbox"/> <b>Session 1: June 11 – 22</b>       | \$1,100 |
| <input type="checkbox"/> <b>Session 2: July 9 – July 20</b>   | \$1,100 |
| <input type="checkbox"/> <b>Session 3: July 23 – August 3</b> | \$1,100 |

★**Discounted Rate for 3 Sessions - \$3,000**

**TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ \_\_\_\_\_**



Dear  
  
Edwina  
JR.



Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Male  Female

**Birthdate:** \_\_\_\_\_

**T-Shirt Size:** YXS YS YM YL AS AM AL

Address & Town: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

This is a  cell phone or  home phone (check one)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Sundance is open from 7:30AM– 5:00PM.** If you need extended care (*before 9AM/after 3PM*) please fill in the time and circle the days you will need extended care. Extended hours can be modified at any time. If you need different times on different days, please write the time next to the day.

**EARLY BIRDS:** I WILL NEED MY CHILD TO ARRIVE AT: M \_\_\_\_\_ / T \_\_\_\_\_ / W \_\_\_\_\_ / TH \_\_\_\_\_ / F \_\_\_\_\_

**LATE TRAIN:** I WILL NEED MY CHILD TO REMAIN UNTIL: M \_\_\_\_\_ / T \_\_\_\_\_ / W \_\_\_\_\_ / TH \_\_\_\_\_ / F \_\_\_\_\_

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations:

If the school fees the services of a physician are required, the following physician is authorized to treat my child.

Name

Phone

In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

Name

Address

Phone

Relationship to child

Name

Address

Phone

Relationship to child