



Sundance Theatre Camp

Ages 4 – 14 Years

Session 1 (June 8 to June 19): FROZEN KIDS

Session 2 (July 6 to July 17): TBD

Session 3 (July 20 to July 31): TBD

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

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| <input type="checkbox"/> Session 1: June 8 – 19 | \$ 850 |
| <input type="checkbox"/> Session 2: July 6 – July 17 | \$ 850 |
| <input type="checkbox"/> Session 3: July 20 – July 31 | \$ 850 |

TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ _____

Session 1



Session 2 & 3



Child's First Name: _____ Child's Last Name: _____

Male Female **Birthdate:** _____

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 8:00AM– 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
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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
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