2017 Summer Camp Registration Form

SKIT Camp June 26 - 30, 2017

Half-day morning camp for 5 - 8 year-olds*

**5 year olds MUST HAVE COMPLETED KINDERGARTEN*

Tuition: $75

Please print clearly and also complete *Emergency Form on reverse*

Name of Participant: _____

Gender: M F Age ____ Date of Birth _____ Grade (fall 2017) ___ School (fall 2017) _____

Name of Name of Parent(s)/Guardian(s) _____

Payment Information:
Payment may be made by cash, check (payable to Cottage Theatre) or debit/credit card. A **non-refundable deposit** of **$25** is required to secure your registration. **Payment in full is due by June 9.** Should you wish to cancel your registration for any reason, tuition refunds (less deposit) will be possible, but only up to one week prior to camp.

Choose payment option: ☐ **Pay in full now** -OR- ☐ **Pay $25 deposit now**

☐ Cash ☐ Check ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

_____ _____ _____ _____
Credit Card # Exp. Date Security# Signature

_____ _____
Billing Address Phone

Scholarships:
Thanks to contributions from Cottage Theatre donors, a limited number of partial tuition scholarships are available. Scholarships are awarded based on demonstrated need. To be considered for a scholarship, please indicate below and complete the separate Scholarship Application Form. **Scholarship application deadline is June 1**.

☐ I would like to apply for a scholarship. *(Separate scholarship application form is required.)*

Please mail, email or drop off your registration forms.

Mail or drop-off forms to:
Cottage Theatre
700 Village Drive
Cottage Grove, OR 97424

Email forms to:
info@cottagetheatre.org

Questions?
541-942-8001
Box Office Hours:
Wed – Fri, 10 am to 2 pm

Emergency Contact and Medical Information

Child's Name | Date of Birth | M F Gender

Parent's/Guardian's Name | Parent's/Guardian's Name

( ) Cell Phone | ( ) Home Phone | ( ) Cell Phone | ( ) Home Phone

Address | Address

City, State ZIP Code | City, State ZIP Code

e-mail address | e-mail address

Alternative Emergency Contacts (other than Parent/Guardian)

Primary Emergency Contact | Relationship to child | Secondary Emergency Contact | Relationship to child

( ) Cell Phone | ( ) Other Daytime Phone | ( ) Cell Phone | ( ) Other Daytime Phone

Names of all persons authorized to pick up child from camp

Medical Information

Physician's Name | Phone Number

Insurance Company | Policy Number

Allergies/Dietary Restrictions/Medications/Special Considerations (*This information will be kept confidential; please list no matter how minor. Please describe any behaviors that may be disruptive to group learning.)*

Parent Authorization and Agreement

As the parent or legal guardian of the child named above, I hereby give consent to enroll my child in the specified camp operated by Cottage Theatre. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to adhere to Cottage Theatre policies will result in dismissal from camp, without refund of fees. I understand that my child will not be released from camp each day unless signed out by a parent/guardian or designee. **In the event of an injury or medical emergency:** Camp staff will attempt to contact Parent(s) or Guardian(s). If they cannot be reached, then staff will attempt to contact the emergency contacts listed on this form. If neither can be reached, or if the emergency is serious in nature, 911 Emergency Services will be contacted. In the event that neither parent nor guardian can be reached, I hereby give consent to Cottage Theatre to arrange for all necessary medical and/or dental treatment as prescribed by qualified medical personnel.

I agree that Cottage Theatre may use photographs and/or videos of camp activities for promotional purposes. My child's photo and/or first/last name may appear in newspaper, theatre website, brochures or other media. (If you wish to withhold consent for promotional photography, please notify Cottage Theatre in writing prior to start of camp.)

Parent's/Guardian's Signature | Date