

Cheyenne Little Theatre Players
YOUTH
Summer Stock **2019**

Date Received

2019 Youth Summer Stock pre-registration deadline is April 30, 2019. Tuition received before the April 30th deadline will be \$330.00. Registration after this date will be \$365.00 per student. **A non-refundable deposit of \$100.00 will hold a space for child at the \$330.00 rate if paid on or before April 30th. Full payment is due before the first day of each session.**

All registration forms must be received prior to the 1st day of each session. There are multi-sibling discounts available and payment plans are available to accommodate all student needs. CLTP Youth Summer Stock has partial scholarships available to students interested in theater arts and who can demonstrate financial need. Please call 307-638-6543 for information.

Payments are final and there are no refunds for any reason

*****Children must be in the same family to qualify for multi-sibling discounts.*

******Please fill out a separate form for each student.**

Student Name(One Student Per Form) _____

Parent / Guardian _____

Relationship to Student _____

PRINT

Primary EMAIL Address _____

Additonal Email Address _____

Please enroll the student listed above for the CLTP 2019 Youth Summer Stock

Session 1 Adventures of the Fearsome Pirate Frank Grades 7-12 Monday, June 10th - Sunday June 30th _____

Session 2 Seussical The Musical Jr. Grades 2-6 Monday, July 1st – Sunday July 21st _____

PAYMENTS: Credit Card Payments can be made via phone (307-628-6543) or in person at the Mary Godfrey Playhouse Monday-Friday 12:00pm-5:00pm. Please be advised that there is a _fee for using a credit card. Please make check or money payable to "Cheyenne Little Theatre Players"

FULL _____ **Check** _____ **Cash** _____ **Credit (3% fee)** _____

PAYMENT PLAN Yes No (please circle) **Check** _____ **Cash** _____ **Credit** _____

1ST _____ **2ND** _____ **3RD** _____

Multi Sibling YES NO

I would like to help a child attend the CLTP 2019 Youth Summer Stock by donating to the Scholarship Fund Amount \$ _____

Mail completed registration forms to : CLTP Youth Summer Stock, PO Box 20087, Cheyenne, WY 82003.

A parent orientation meeting will take place before the beginning of each session. Please watch your email for times.

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Date _____

T-Shirt Size _____

Makeup Kit for last season? Yes _____ No _____

CHILD'S FIRST & LAST NAME _____

NICKNAME _____ BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL ATTENDING FALL 2019 _____ GRADE _____

MOTHER/GUARDIAN FIRST & LAST NAME _____ CELL _____

WORK PHONE _____

HOME PHONE _____

FATHER/GUARDIAN FIRST & LAST NAME _____ CELL _____

WORK PHONE _____

HOME PHONE _____

Primary email address (PLEASE PRINT) _____

Additional email address _____

IN CASE OF EMERGENCY CONTACT: Please Circle MOTHER FATHER EITHER

OTHER EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE _____ WORK PHONE _____

Doctor _____ Phone _____

Dentist _____ Phone _____

AUTHORIZED PEOPLE WHO MAY PICK UP THIS CHILD

1. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

2. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

3. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

Special Instructions Camp instructors should be aware of (medical conditions, medicines needed during camp, behavior issues, etc.)

Youth Summer Stock Enrollment Agreement

Parent Acknowledge the following: (Please Initial next to each item.)

___ I understand that I must sign my child in and out of the program daily. Any other authorized persons sent to pick up my child must be listed on my child's application and must be able to show picture I.D.

___ I understand that if my child remains in the care of YSS Teaching Staff past 4:15 p.m., I will be charged, and agree to pay \$1.00 for every minute per child. Any more than 3 late pick ups may be cause for program termination.

___ I give permission for my child to have his/her photo used by the CLTP YSS for promotional use or have his/her photo used in the newspaper, the CLTP Web site or internet pages associated with the Cheyenne Little Theatre Youth Summer Stock

___ I give permission for my child's name to be released for Youth Summer Stock promotional use or to the Newspaper.

___ In the event I cannot be reached in an EMERGENCY, I hereby authorize the person in charge to call my child's family doctor or dentist or to send my child to the nearest medical facility in an ambulance.

___ I give permission for my child to participate in any walking field trips.

___ I agree with the Discipline Policy set forth by the YSS Theatre Program (see Handbook).

Parent/guardian signature _____ Date _____

Participant Acknowledges the following:

___ I will participate fully in the activities.

___ I know that I will be required to apply makeup during Youth Summer Stock.

___ I will respect myself and fellow participants.

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Consent to Administer Over the Counter Pain Medication

I, _____ give Summer Stock Staff
permission to give my child _____,

Ibuprofen _____

Tylenol _____

For pain or headache while attending Summer Stock 2019

Parent Signature

DATE