



Cheyenne Little Theatre Players
Youth Summer Stock
Registration Packet
2018



Cheyenne Little Theatre Players

Date Received:

Youth Summer Stock Application 2018

Registration

Children must be in the same family to qualify for multi-sibling discounts. Please fill out a separate form for each student.

2018 Youth Summer Stock pre-registration deadline is April 30, 2018. Tuition received before the April 30th deadline will be \$315.00. Registration after this date will be \$350.00 per student. A deposit of \$100.00 will hold a space for child at the \$315.00 rate if paid on or before April 30th.

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 and full scholarships available to students interested in theater arts and who can demonstrate financial need. Please call Quinn at 307-638-6543 for information.

Student's Name (one student per form): _____

Parent/Guardian: _____

Relationship to student: _____

Ethnicity: (optional - used for grant purposes, please check): white black/African-American hispanic/latino Asian American Indian/Alaskan native Native Hawaiian/Pacific islander

STUDENT email address: _____

Please enroll the student listed above for the CLTP 2018 Youth Summer Stock

Session 1 *Shrek Jr.* Grades 7-12 Monday, June 11th-Sunday June 30; amount enclosed \$ _____

Session 2 *Twinderella* grades 2-6; Monday, July 1st- Sunday, July 22rd; amount enclosed \$ _____

Yes! I would like to help a child attend the CLTP 2018 Youth Summer Stock by donating to the Scholarship Fund; amount \$ _____

Total amount enclosed: \$ _____

Method of payment: cash check credit card

If you would like to pay with a **Credit Card** you can either pay in person or over the phone by calling the Mary Godfrey Theatre's box office, Tuesdays through Fridays, between 12:00 pm and 5:00 pm at 307-638-6543.

Please make **check or money orders** payable to: "Cheyenne Little Theatre Players"

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

A parent orientation meeting will take place at 8:00 a.m.-8:30 am on the 1st day of class for each session. Session hours are Monday-Friday, 8:30 am-4:00 pm and Friday pm, Saturday pm and Sunday afternoon of each sessions's final weekend for performances.

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Date _____

CHILD'S FIRST & LAST NAME _____

NICKNAME _____ BIRTHDATE _____ AGE _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL ATTENDING FALL 2018 _____ GRADE _____

MOTHER/GUARDIAN FIRST & LAST NAME _____ CELL _____

WORK PHONE _____

HOME PHONE _____

FATHER/GUARDIAN FIRST & LAST NAME _____ CELL _____

WORK PHONE _____

HOME PHONE _____

Primary email address _____

IN CASE OF EMERGENCY CONTACT: MOTHER FATHER EITHER

OTHER EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE _____ WORK PHONE _____

HEALTH RECORD Please check:

Asthma Convulsions Penicillin Hay fever

Insect Stings Ivy Poisoning Other Drugs

Food Allergies List any other allergies: _____

FAMILY DOCTOR: _____ ADDRESS _____ PHONE # _____

DENTIST: _____ ADDRESS _____ PHONE # _____

Any behavioral or special considerations: Yes No If yes, please explain: _____

AUTHORIZED PEOPLE WHO MAY PICK UP THIS CHILD

1. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

2. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

3. _____ PH# _____ ADDRESS _____ RELATIONSHIP _____

Parent/Guardian Signature _____ Date _____

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Director Signature upon receipt

Date

Youth Summer Stock Enrollment Agreement

Int'l _____ 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.

Int'l _____ 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.

Int'l _____ 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

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

Int'l _____ The aforementioned health history is correct and I understand that no medication will be administered unless the "Medication Administration Form" has been completed and signed.

Int'l _____ 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.

Int'l _____ I give permission for my child to participate in any walking field trips.

Int'l _____ I agree with the Discipline Policy set forth by the YSS Theatre Program (see Handbook).

Parent/guardian signature _____

Date _____