

Island Theatre Workshop's

**Children's Theatre**

PO Box 1893 Vineyard Haven, MA 02568

508 939 4244 director home \* 508 693 2769 summer line

www.itwmv.org

Session 1	Monday, June 29 - Friday, July 10	9am - 2:30pm, Monday - Friday
Session 2	Monday, July 13 - Friday, July 24	9am - 2:30pm, Monday - Friday
Session 3	Monday, July 27 - Friday, August 7	9am - 2:30pm, Monday - Friday
Session 4	Monday, August 10 - Friday, August 24	9am - 2:30pm, Monday - Friday

Fee Schedule: \$ 195.00 per week      1 child  
 \$ 175.00 per week      2<sup>nd</sup> child  
 \$ 165.00 per week      3<sup>rd</sup> child

I wish to enroll my child in Children's Theatre From: \_\_\_\_\_ To: \_\_\_\_\_

Number of weeks (each session is 2 weeks) \_\_\_\_\_ @ \$195.00 per week = \_\_\_\_\_

Number of weeks (each session is 2 weeks) \_\_\_\_\_ @ \$175.00 per week = \_\_\_\_\_

Number of weeks (each session is 2 weeks) \_\_\_\_\_ @ \$165.00 per week = \_\_\_\_\_

Mornings Only Session - Available for the 1<sup>st</sup> week of each two week session.

Number of weeks \_\_\_\_\_ @ \$100.00 per week = \_\_\_\_\_

I agree to pay the above amount in Weekly Payments of \$ \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please notify us ahead of time if your child will not be attending on certain days during the sessions they are enrolled.

Please note: All payments are due on Monday of the week of attendance. If payments are not made promptly the child will not be able to attend Children's Theatre for that week. Special payment arrangements must be made with the registrar and/or the finance committee prior to the payment due date.

Limited scholarships available through the Mary Payne Scholarship Fund. Please call Joanne Ryan @ 508 627-3166 for information and applications.

Sponsorship opportunities are available for individuals and businesses who wish to sponsor a child for 1 or more sessions of Children's Theatre. We get many requests from local families who need help to send their children to Children's Theatre. All contributions and support are greatly appreciated. Ask us about our Endowment Trust Fund as well. We are a non profit 501(c)3 charitable organization.

Children's Theatre is in compliance with all Board of Health regulations as inspected and licensed by the Oak Bluffs Board of Health.

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Last Name First Name Age Date of Birth

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Island Mailing Address Off Island Mailing Address

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Parent or Guardian Alternate Parent or Guardian

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Home Phone Work Phone Cell Other Number

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Email address

Household members and Contact numbers: \_\_\_\_\_

EMERGENCY # AND CONTACT INFORMATION \_\_\_\_\_

Does your child have any physical restrictions? Please specify including treatments, medication etc... \_\_\_\_\_

Please list your child's acting, singing, dancing, instrumental experience: \_\_\_\_\_

Please list your child's travel experience: \_\_\_\_\_

Please list your child's camping/scouting experience: \_\_\_\_\_

Please list your child's swimming ability:  
Non-swimmer \_\_\_ Beginner \_\_\_ Fair \_\_\_ Good \_\_\_ Red Cross Certificate Level \_\_\_\_\_

How do you hope your child will benefit from Children's Theatre? \_\_\_\_\_

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**IMPORTANT ! PER THE BD OF HEALTH\*\*\*THE FOLLOWING DOCUMENTS MUST BE SUBMITTED BEFORE THE START OF CHILDREN'S THEATRE !!!**

1. UPDATED IMMUNIZATION RECORD SIGNED BY DOCTOR
2. COMPLETED MEDICAL HISTORY FORM

ALL 1<sup>st</sup> SESSION CAMPERS MUST MAIL IN MEDICAL FORMS BY JUNE 10<sup>TH</sup>, 2008.

Please feel free to attach an additional sheet if there is information that would be helpful for us to know. Thank you.