

ITW presents **The Children's Theatre of Martha's Vineyard**
15 Leland Ave Vineyard Haven, MA 02568
508 693 9840 * 508 693 2769 summer only
www.itwmv.org

Children's Theatre Fee Schedule: \$ 195.00 per week 1 child 9AM – 2:30PM
175.00 per week 2nd child
165.00 per week 3rd child

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

Number of weeks _____ @ \$195.00 per week = _____
Number of weeks _____ @ 175.00 per week = _____
Number of weeks _____ @ 165.00 per week = _____

Mornings Only Session – Available for the 1st 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 501C3 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	Home	Work	Cell
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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? _____

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 1st SESSION CAMPERS MUST MAIL IN MEDICAL FORMS BY JUNE 10TH, 2008.

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