

Children's Theatre at the Sailing Camp Park in Oak Bluffs

Ages 8-18

PO Box 1893 Vineyard Haven, MA 02568 www.itwmv.org

508 693 2769 voice mail & summer line or 508 737 8550 year round for more information

Session I July 2nd - July 20th Session II July 23rd - August 10th
Specialty Workshop - August 13th – August 17th Cabaret

Show

Weekly Schedule: 9:00am– 3:00pm Monday through Friday

Fee Schedule:

1st child - \$265.00 per week. (\$795.00 per session)

2nd child - \$245.00 per week. (\$735.00 per session)

3rd child - \$220.00 per week. (\$660.00 per session)

I wish to enroll my child _____ in
Session 1 (7/2-7/20)_____ Session 2 (7/23-8/10)_____ Specialty Workshops (8/13 –
8/17)_____

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One half of balance deposit due at the time of registration, balance due before the program begins. No student may remain at the program without payments being complete. Any special payment arrangements must be approved in advance before the start of each session. Please contact Joanne Ryan, Treasurer 508 627 3166 or email at joanneryan@msn.com for information. Limited scholarships are available through the Mary Payne Scholarship Fund.

I understand that this camp is designed to be a fun and supportive environment dedicated to student experience and training in the art of musical theatre. I understand that that the Director at his or her discretion reserves the right to remove a child due to disruptive conduct with notification to the parent during any session as necessary for the good of the program.

Signature _____ Date _____

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

Sponsorship opportunities are available for individuals and businesses who wish to sponsor a child for 1 or more sessions of Children’s Theatre. We are a non profit 501C3 charitable organization. Please contact Stephanie Burke 508 737 8550 for details.

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

All medical and immunization forms must be submitted before the start of camp. No child may attend without the required forms.

Please submit a separate form for each registered participant

Last Name	First Name	Age	Date of Birth	Grade
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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	Email address
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Household members and Contact numbers:

EMERGENCY CONTACT _____

Does your child have any physical restrictions? Allergies? Please specify including treatments, medications _____

