



# 2012 Summer Camp ClassAct Dramatics Registration Form

(please fill out a separate form for each child in the family being enrolled)

Student's Name:	Age:	Gender:
Parent/Guardian's Name:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Emergency Contact Name:		Phone:

Allergies/medical or special needs of student:
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**CLASS(ES)FOR WHICH CHILD IS REGISTERING (check all that apply):**

**SESSION I**

**Teen Drama Camp, (ages 13-18), July 9-13**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**Youth Drama Camp, (ages 8-12), July 9-13**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**Junior Youth Drama Camp, (ages 5-7), July 9-13**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**SESSION II**

**Teen Drama Camp, (ages 13-18), July 16-20**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**Youth Drama Camp, (ages 8-12), July 16-20**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**Junior Youth Drama Camp, (ages 5-7), July 16-20**

9am-4pm..... \$170

9am-12pm only ..... \$90

1pm-4pm only ..... \$90

**SESSION III**

**Teen Drama Camp, (ages 13-18), July 23-27**

9am-4pm..... \$170

9am-12pm only ..... \$90





## Scholarship Application

Student's Name:  
 Parent/Guardian's Name:  
 Address: City: State: Zip:  
 Home Phone: Cell Phone:

**Family Size**  
 Number of Adults in Household: Number of Children in Household:  
 Ethnicity (used for tracking purposes only, and will not affect the awarding of scholarships):  
 African American  American Indian  Asian American  
 Caucasian  Hispanic/Latino  Other

**Income**  
 Total Household Monthly Income: \$  
 Is the family receiving any public assistance?  Yes  No  
 Does your student qualify for reduced lunches?  Yes  No  
 Are there any other financial circumstances to be considered? If so, please explain:  
 Campers are encouraged to pay what they can, however full scholarships are available.  
 Of the total registration fee, how much are you requesting to be covered by the scholarship?

Why is your child interested in this program?

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FOR OFFICE USE ONLY

Amount of scholarship:

Approved by:

Date notified: