



2009 REGISTRATION FORM

Please print clearly: CHECK ONE: () 1 Week Camp: K - 4th Grade \$225 () 2 Week Camp: 5th - 11th Grade \$400

CHILD'S NAME: _____ Sex: () M () F Grade Entering Fall 2009: _____

MOTHER'S NAME: _____ Place of Employment: _____

FATHER'S NAME: _____ Place of Employment: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____ CELL: _____

If parents are separated or divorced, is there a child custody issue we need to be aware of? () Yes () No

If so, please explain: _____

PICK UP AUTHORIZATION

I authorize the following persons to pick up my child from the Wayne Densch Performing Arts Center, Kids Summer Theatre Camp program. All authorized persons must be at least 16 years of age and be prepared to show photo ID.

Table with 3 columns: Name, Relationship, Phone Number. Rows 1-4 for authorized persons.

Allergies & Special Needs: Does your child have any allergies? () Yes () No
If Yes, please list: _____

Does your child take any medications that we should know about? () Yes () No
If Yes, please list: _____

Does your child have any special needs? () Yes () No
If Yes, please list: _____

EMERGENCY CONTACTS: (if parents cannot be reached)

Table with 3 columns: Name, Relationship, Phone Number. Rows 1-3 for emergency contacts.

Please mail form with Payment to: Wayne Densch Performing Arts Center, 201-203 S. Magnolia Avenue, Sanford, FL 32772

You may also pay Via Credit Card: CC# _____ Exp. _____

Signature: _____ Circle Credit Card Type: M/C, Visa, Amex, Discover