

SUMMER CAMP SCHOLARSHIP APPLICATION AND REGISTRATION 2019

Scholarships are 50% of the tuition for a camp and a \$20 deposit is necessary to process your application. This deposit will be applied toward your tuition. You may pay the reduced tuition in full with the application. The tuition balance must be paid in full no later than **one week before camp** begins or your child's place and the \$20 deposit will be forfeited. The scholarship application and a **letter of recommendation** must be received no later than **two weeks before** the start of camp. Registrations are processed on a first-come, first-served basis and camps fill quickly so don't delay. Please visit our website for full camp details at www.grct.org/summer-programs.

Student Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Male or female: _____ Grade completed in 2018: _____

Name to appear on nametag: _____ School attended: _____

Medic Alert: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent Email: _____ Cell Phone: _____

Emergency Contact : This will be the **FIRST** person called in the event of an emergency.

Name: _____ Phone: _____

T-Shirt Size (circle):

Youth Sm Youth Med Youth Lg

Adult Sm Adult Med Adult Lg Adult XL Adult XXL

Friend requests are limited to **ONE** other camper. Because campers are placed in groups by age, the requested camper must be in the same grade or within 1 year of age. Campers **MUST** request each other to be placed together. If more than one camper is listed, request will be denied.

Name of camper you would like to be in a group with: _____

Does your child need to be signed out after camp (2nd-5th grade students only)? Yes No

List all persons **including parents** who are authorized to pick your child up and a phone number at which they may be reached: _____

Please enroll my child in the following camp:

Early Explorers (Ages 4- K):

___ Session A: June 10-June 14

___ Session B: Aug 12-Aug 16

All Sessions from 9am-11:30am

Tuition \$115

Creative Quest (Grades 1-2):

___ Session A: June 10-June 14

Session Time 1pm-5pm

___ Session B: Jul 22-July 26

Session time 9am-1pm

Tuition \$200

Dramatic Discovery (Grades 3-6):

___ Session A: July 8-July 12

___ Session B: July 15-July 19

___ Session C: July 29-Aug 2

___ Session D: Aug 5-Aug 9

All Sessions from 9am-3pm

Tuition \$225

HS Musical Theatre Performance

High School Musical, Jr.

(Grades 7-12)

_____ June 23-June 29

Sun 5-8pm

M-F 9am-4:30pm

Sat 9am-6pm

Tuition \$275

HS One-Act performance

How to Survive the Zombie Apocalypse

(Grades 7-12)

_____ June 23-June 29

Sun 5-8pm

M-F 9am-3pm

Sat 9am-6pm

Tuition \$275

High School Production Track

(Grades 7-12)

_____ June 23-June 29

Sun 5-8pm

M-F 9am-3pm

Sat 9am-6pm

Tuition \$125

Students: Please tell us why you would like to take this camp (parents, please help your students fill this section out in their own words):

Parents: Please tell us why you would like you student to take this camp: _____

Please describe your need for financial assistance (unemployment, low income, financial hardship, etc.). All information will be kept strictly confidential. _____

Payment:

Check payable to Grand Rapids Civic Theatre enclosed

Please charge the following to my credit card: \$20 deposit Full amount of tuition

Card (please circle): Visa Mastercard AmEx Discover

Card number: _____

Expiration Date: _____ Security Code: _____

Print Name on Card: _____

Signature: _____

Refunds and Cancellations:

A refund minus \$10 cancellation fee before the first day of camp. No refund the day camp starts.

I understand that GRCT provides partial scholarships and I agree to pay the balance of the camp tuition by the deadline above. I understand that if I do not meet this deadline, my child's place in camp will be forfeited. I also understand that my student is to attend camp all days for the full time period. I hereby certify that I am a parent or legal guardian of the child listed above and that all of the information provided is correct and complete. I recognize that GRCT will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should GRCT instructors or staff, in their judgment, call 911 on behalf of my child in the event of an emergency. I understand that by allowing my child to participate in camp, I consent to allow my child to be videoed and photographed. These videos and photographs may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: _____ Signature: _____

Print Name: _____

Please submit completed application, deposit **and** letter of recommendation to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503 or scan and email to

GRCTSchool@grct.org.

Questions: Please call 616-222-6653