

**2010 REGISTRATION FORM**

**CHECK ONE:** ( ) 1 Wk. Camp: K – 5th Grade (7/12 – 7/16) \$225.00 ( ) 2 Wk. Camp: 6th – 11th Grade (7/19 – 7/30) \$400.00

CHILD'S NAME: \_\_\_\_\_ Sex: ( ) M ( ) F Grade Entering Fall 2011: \_\_\_\_\_

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.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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)

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please mail form with Payment to: Wayne Densch Performing Arts Center, 201-203 S. Magnolia Avenue, Sanford, FL 32771

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

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