



Cheyenne Little Theatre Players  
Youth Summer Stock  
Registration Packet  
2018



# Cheyenne Little Theatre Players

Date Received:

## Youth Summer Stock Application 2018

### Registration

Children must be in the same family to qualify for multi-sibling discounts. Please fill out a separate form for each student.

**2018 Youth Summer Stock** pre-registration deadline is April 30, 2018. Tuition received before the April 30th deadline will be \$315.00. Registration after this date will be \$350.00 per student. A deposit of \$100.00 will hold a space for child at the \$315.00 rate if paid on or before April 30th.

All registration forms must be received prior to the 1st day of each session. There are multi-sibling discounts available and payment plans are available to accommodate all student needs. CLTP Youth Summer Stock has partial and full scholarships available to students interested in theater arts and who can demonstrate financial need. Please call 307-638-6543 for information.

Student's Name (one student per form): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Ethnicity: (optional - used for grant purposes, please check):  white  black/African-American  hispanic/latino  Asian  American Indian/Alaskan native  Native Hawaiian/Pacific islander

STUDENT email address: \_\_\_\_\_

**Please enroll the student listed above for the CLTP 2018 Youth Summer Stock**

Session 1 *Shrek Jr.* Grades 7-12 Monday, June 11<sup>th</sup>-Sunday July 1st; amount enclosed \$ \_\_\_\_\_

Session 2 *Twinderella* grades 2-6; Monday, July 2nd- Sunday, July 22nd; amount enclosed \$ \_\_\_\_\_

Yes! I would like to help a child attend the CLTP 2018 Youth Summer Stock by donating to the Scholarship Fund; amount \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Method of payment:  cash  check  credit card

If you would like to pay with a **Credit Card** you can either pay in person or over the phone by calling the Mary Godfrey Theatre's box office, Tuesdays through Fridays, between 12:00 pm and 5:00 pm at 307-638-6543.

Please make **check or money orders** payable to: "Cheyenne Little Theatre Players"

Mail completed registration forms to: CLTP Youth Summer Stock, PO Box 20087, Cheyenne, WY 82003.

A parent orientation meeting will take place at 8:00 a.m.-8:30 am on the 1st day of class for each session. Session hours are Monday-Friday, 8:30 am-4:00 pm and Friday pm, Saturday pm and Sunday afternoon of each sessions's final weekend for performances.

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Date \_\_\_\_\_

CHILD'S FIRST & LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL ATTENDING FALL 2018 \_\_\_\_\_ GRADE \_\_\_\_\_

MOTHER/GUARDIAN FIRST & LAST NAME \_\_\_\_\_ CELL \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FATHER/GUARDIAN FIRST & LAST NAME \_\_\_\_\_ CELL \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

Primary email address \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:  MOTHER  FATHER  EITHER

OTHER EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**HEALTH RECORD Please check:**

Asthma  Convulsions  Penicillin  Hay fever

Insect Stings  Ivy Poisoning  Other Drugs

Food Allergies  List any other allergies: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DENTIST: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

Any behavioral or special considerations: Yes No If yes, please explain: \_\_\_\_\_

**AUTHORIZED PEOPLE WHO MAY PICK UP THIS CHILD**

1. \_\_\_\_\_ PH# \_\_\_\_\_ ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. \_\_\_\_\_ PH# \_\_\_\_\_ ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3. \_\_\_\_\_ PH# \_\_\_\_\_ ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Cheyenne Little Theatre Players  
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Director Signature upon receipt

Date

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## Youth Summer Stock Enrollment Agreement

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Int'l \_\_\_\_\_ I understand that I must sign my child in and out of the program daily. Any other authorized persons sent to pick up my child must be listed on my child's application and must be able to show picture I.D.

Int'l \_\_\_\_\_ I understand that if my child remains in the care of YSS Teaching Staff past 4:15 p.m., I will be charged, and agree to pay \$1.00 for every minute per child. Any more than 3 late pick ups may be cause for program termination.

Int'l \_\_\_\_\_ I give permission for my child to have his/her photo used by the CLTP YSS for promotional use or have his/her photo used in the newspaper, the CLTP Web site or internet pages associated with the Cheyenne Little Theatre Youth Summer Stock

Int'l \_\_\_\_\_ I give permission for my child's name to be released for Youth Summer Stock promotional use or to the Newspaper.

Int'l \_\_\_\_\_ The aforementioned health history is correct and I understand that no medication will be administered unless the "Medication Administration Form" has been completed and signed.

Int'l \_\_\_\_\_ In the event I cannot be reached in an EMERGENCY, I hereby authorize the person in charge to call my child's family doctor or dentist or to send my child to the nearest medical facility in an ambulance.

Int'l \_\_\_\_\_ I give permission for my child to participate in any walking field trips.

Int'l \_\_\_\_\_ I agree with the Discipline Policy set forth by the YSS Theatre Program (see Handbook).

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_