

Children's Theatre of Charlotte Class/Camp Scholarship Application

OFFICE USE: RECEIVED
 DATE: _____
 TIME: _____
 BY: _____

TO REGISTER BY MAIL, COMPLETE THIS FORM AND SEND TO:
CHILDREN'S THEATRE OF CHARLOTTE
300 E. 7TH STREET, CHARLOTTE, NC 28202
Attn: Community Involvement Director

PLEASE USE ONE FORM PER STUDENT
 REGISTRATION CAN NOT BE
 ACCEPTED BY PHONE OR FAX

SCHOLARSHIPS ARE AVAILABLE FOR ALL CLASSES. Please check our website for deadline information: www.ctcharlotte.org

STUDENT INFORMATION

STUDENT'S NAME		
STUDENT'S PREFERRED NAME		
DATE OF BIRTH	GRADE	SEX
PARENT NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE (HOME)	(WORK)	(CELL)
E-MAIL ADDRESS		
SECOND PARENT NAME		
PHONE (HOME)	(WORK)	(CELL)
E-MAIL ADDRESS		
EMERGENCY CONTACT NAME (outside of household)		
EMERGENCY CONTACT PHONE		
PLEASE SIGN ME UP WITH MY FRIEND		

CLASS/CAMP INFORMATION — List your first three choices for camps here.

CLASS TITLE	TIME & DAY	LOCATION	START DATE	FEE
1.				\$
2.				\$
3.				

FREE SUMMER CAMP T-SHIRT *Summer Camp students receive one free summer camp t-shirt! Please indicate your desired size. T-Shirts will be distributed on the first day of camp. T-shirts are limited to one per camper. T-shirts not available for Fall and Winter Classes*

Youth Sizes: ___ Youth S ___ Youth M ___ Youth L ___ Youth XL
 Adult Sizes: ___ Adult S ___ Adult M ___ Adult L ___ Adult XL

MEDICAL INFORMATION

Please use the space below to list any medical conditions, prescriptions, allergies, or special needs. Please contact the theatre one week before your child's camp if a prescription will be taken during the camp day. Medical information provided will only be shared with Children's Theatre staff as necessary.

PLEASE COMPLETE ADDITIONAL INFORMATION ON BACK PAGE →

Class/Camp Scholarship Application (page 2)

INFORMATION ON THIS PAGE WILL ONLY BE SEEN BY THE COMMUNITY INVOLVEMENT DIRECTOR AND/OR DIRECTOR OF EDUCATION TO BE CONSIDERED THE ENTIRE APPLICATION MUST BE COMPLETED.

HAVE YOU EVER RECEIVED A SCHOLARSHIP TO CHILDREN'S THEATRE BEFORE? Yes No

IF YES, THEN WHEN? _____

IF NO, WHERE DID YOU HEAR ABOUT OUR SCHOLARSHIP PROGRAM?

NEIGHBORHOOD & ZIP CODE _____

Ethnicity: _____

(Ethnicity is for tracking purposes only and will not effect the awarding of Scholarship funds.)

MOTHER'S NAME _____ FATHER'S NAME _____

EMPLOYER _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

BUSINESS PHONE _____ BUSINESS PHONE _____

**Please include a copy of your most recent Tax Return.
(It will be shredded immediately after review.)**

Household monthly income (after taxes) \$ _____

Social Security, welfare, AFDC, child support, alimony, other \$ _____

Total Gross Income \$ _____

Number of adults in household _____

Number of children in household _____

Are there any other financial circumstances to be considered? If yes, explain:

NOTE: \$20.00 Registration Fee must be paid by designated deadline or student will be removed from class roster.

RELEASE FORM A signature is required in order to process your registration

I agree that I have read the Scholarship Conditions. To the best of my knowledge the above information is correct.

Further, I agree to release and discharge Children's Theatre and its officers, directors, employees and agents of and from any claims, demands, or liability of damage arising from the participation of my student in any classes or programs sponsored by the Children's Theatre of Charlotte. In addition, I understand pictures of classes may be taken and used for publicity or promotional purposes. I consent to any medical treatment necessary for my student in an emergency and acknowledge that any expenses incurred are my sole responsibility and will not be paid for by Children's Theatre of Charlotte.

Parent/Guardian Signature _____ Date _____