

# KIDZ SUMMER PROGRAM REGISTRATION FORM

June 11-20, 2019

CHILDS' NAME \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL ATTEND \_\_\_\_\_ GRADE (in fall) \_\_\_\_\_

PHONE (to text to) \_\_\_\_\_ GENDER: MALE FEMALE

EMAIL \_\_\_\_\_

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

PARENT NAME \_\_\_\_\_ CELL # \_\_\_\_\_

(Please list main adult contact for child)

## EMERGENCY CONTACTS

NAME/relationship \_\_\_\_\_ CELL # \_\_\_\_\_

NAME/relationship \_\_\_\_\_ CELL # \_\_\_\_\_

NAME/relationship \_\_\_\_\_ CELL # \_\_\_\_\_

WHO WILL PICK UP YOUR CHILD EACH DAY? \_\_\_\_\_

Any Allergies or Medical Conditions we should be aware of? \_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_

## PARENT AGREEMENT

I give my permission for my child to participate in the Huber KIDZ Summer Youth Program. I understand that aspects of the project will be photographed or filmed as a part of the project. I will provide/arrange for transportation and will be on time to drop off/pick up my child. I will inform the directors of any absences as far in advance as possible. I will provide a sack lunch including a drink each day for my child, some clothing for costumes (if requested) and agree to pay program fee (\$100) or apply for a scholarship\*

I agree to these guidelines. **Signature:** \_\_\_\_\_

\* See Chris Feichter for information on Summer Youth Theater Scholarships.