

KIDZ SUMMER PROGRAM REGISTRATION FORM

June 9-18, 2020

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.