

# Encore PAC

FALL THEATRE PROGRAM

*Seussical Jr.*

Sundays- September 15- January 11

1pm-5pm

Please complete a separate application for each child attending program

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_ Mother's Cell/Work Phone # \_\_\_\_\_

Father's E-Mail address \_\_\_\_\_ Father's Cell/Work Phone # \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_

Please list TWO emergency contact people and their phone numbers, who are NOT the parents of the child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

The performances will be on Saturday, January 11 at Atlantic Cape Community College. Rehearsals will happen on Thursday, January 9 and Friday, January 10 at the theater instead of at Encore.

## **Program Goals:**

1. To foster a positive self-image in our children and a belief in their own abilities to succeed by recognizing their talents, accomplishments, and worth as individuals.
2. To enable children to develop their own minds and unique perspectives through programming that encourages imagination, creativity and expression by providing opportunities for hands-on and active learning.
3. To offer a safe, quality, and affordable Program to parents and caregivers.
4. **Have fun!**

In consideration of my child participating in this program, I \_\_\_\_\_, on behalf of myself, my heirs, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold Encore PAC and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property lost or damage of whatever nature or cause, incurred by me (or my child) arises out of or any conjunction with my (or my child's) participation in the aforementioned event. I hereby consent that I am of legal age and have read and understand the contents of this consent and release.

Signature of Parent or Guardian Named Above \_\_\_\_\_

**Pictures will be taken during the Program. I give Encore Performing Arts Center permission to include my child in these pictures and for them to be used by Encore Performing Arts Center at their discretion.**

Yes     No

**Shirt Size: (Circle One)**                      **YS    YM    YL    AS    AM    AL    AXL**

**Registration:**

Registration is **OPEN**. Please be advised that registration is on a first-come, first-served basis. Early registration is strongly encouraged since space is limited and we will fill up quickly. Children with incomplete or missing components of the application form or missing payment will not be permitted to attend until all information and payments are complete. Payment for the Fall Theatre Program is completely non-refund

## **Conduct While Attending the Program:**

We work to maintain an atmosphere of mutual caring, respect, and understanding at the Summer Program. Proper participation and conduct by your child is expected and includes the following rules:

1. Respect other's feelings and property.
2. Listen to your teachers and staff.
3. No fighting, yelling or cursing.
4. Cooperate with each other.
5. Stay with your group.
6. Clean up after yourself.
7. Have fun.

Staff supervises all Theatre Program activities and helps children resolve conflicts and problems as they arise. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program, or poses a safety risk to himself/herself or others, then a written behavioral notice will be sent home to the parent/guardian explaining the issue to be addressed. In the event that two written behavioral notices are sent home during the course of the program, Encore PAC reserves the right to dismiss the child from the Program without refund or reimbursement.

**Drop-Off/Dismissal/Pick-Up Policy:** A parent/guardian will be expected to sign their child in and out each day. Each day at the conclusion of the session, children will be dismissed to their parent/guardian. Your child will only be dismissed to the people you have listed on the Summer Theatre Program application. A parent/guardian will be expected to sign out their child each day. Any child picked up 10 minutes after dismissal will be charged a \$15 late fee for every 15 minutes the child is not picked up.

**Clothing:** Children must wear comfortable clothing each day (t-shirts, shorts, sneakers with socks, etc.) Sandals are not permitted. All participants will receive one free show t-shirt on the final day of the program. Additional t-shirts may be purchased for \$15 each. Parents/Guardians should use discretion when dressing their children for the day.

Payment to Encore Performing Arts Center's Fall Theatre Program is completely non-refundable for any reason whatsoever. There is a limited number of applications we are accepting, we will be accepting them as a first-come, first-served basis.

NOTE: Safety protocols will be adhered to. Please do not bring your child if he/she is ill. Children who have a fever or are taking any medication for an illness should not attend. In consideration of my child participating in this Fall Theatre Program,

I \_\_\_\_\_, on behalf of myself, my heirs, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless Encore PAC and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property lost or damage of whatever nature or cause, incurred by me (or my child) arises out of or any conjunction with my (or my child's) participation in the aforementioned event.

Signature of Parent or Guardian Named Above:

\_\_\_\_\_

Payment/Authorization: (Circle the appropriate fees please)

**Fall Theatre Program fee: \$300**

Total Program Fee: \$ \_\_\_\_\_

**Payment Due Date:** With Application      Signature of Parent/Guardian      Date

Please charge the Fall Program fee to:  Visa  MasterCard  Discover (3% fee will be added for CC/Debit)

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3/4 digit Security Code: \_\_\_\_\_

Check Enclosed:  Check # \_\_\_\_\_

Return this completed application along with payment to the Encore Performing Arts Center: 6654 Black Horse Pike, EHT, NJ 08234.