

# **SUMMER 2023**

# **THEATRE SHORTS CAMP**

## **WITH MS. JETTA**

A fun way to explore theatre. Students will perform a short play. Script reading, character development, costuming, sets and technology will be explored. This is for any student interested in theatre whether it is on stage or behind the scenes.

### **TIME**

9:00 a.m. - 3:00 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

### **CAMP DATES**

Wednesday & Thursday, June 28 & 29

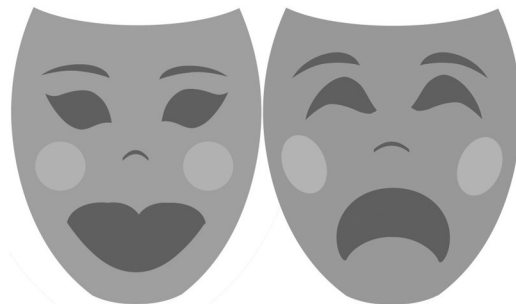
### **FOR STUDENTS CURRENTLY IN GRADES**

4th - 8th

(during the 2022-23 school year)

### **COST**

\$125



All materials are provided.  
Students should bring a lunch and a reusable water bottle.  
Minimum of 4 students needed.

Please complete registration form on reverse side.

# 2023 Theatre Shorts Camp Registration Form

Child's Name \_\_\_\_\_ ( ) Male ( ) Female

Child's Birthdate \_\_\_\_\_ Child's 2022-2023 Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

\_\_\_\_\_ June 28 & 29 (\_\_\_\_\_ w/before care)

\$125 and \$10 for before care, if needed

Office Use

pd. \$ \_\_\_\_\_ ck# \_\_\_\_\_

date \_\_\_\_\_ staff initials \_\_\_\_\_

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

**Parent/Guardian's Contact Information**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information**

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**Authorization and Consent for Medical Treatment**

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

In the event that I am unable to be reached, I hereby authorize Ms. Jetta Cruse to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

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

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

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_