

Office Use Only
Processed By: _____
Date: _____



MAIL TO: Warner Theatre  
P.O. Box 1012, Torrington, CT 06790

# Summer Arts Program - Mini Camp 2019

*Please complete ONE registration form per student.*

Student's Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Has student attended the Summer Arts Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alt./Cell #: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Needs / Medical Conditions / Medications (PLEASE LIST ALL): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

**Please attach a copy of student's updated medical form, signed by student's physician. Forms must be received prior to first day of program, per State Camp Licensing requirements.**

**PLEASE SELECT APPROPRIATE SESSION(S):**

**Session 1** (Ages 5&6) *July 15-19*

**Session 2** (Ages 5&6) *July 29-August 2*

**CIRCLE CAMPER T-SHIRT SIZE:**  
 Youth: **S M L**

**TUITION:**

**Sessions 1 & 2: \$175.00\* | Sibling: \$150.00\*<sup>+</sup>**

**\*Full Tuition + \$25.00 Registration Fee due at time of registration\***

**<sup>+</sup> First child must pay regular tuition, all subsequent siblings will receive discount.**

Total Tuition Cost: \$ \_\_\_\_\_ + \$25 Reg. Fee | Total Due: \$ \_\_\_\_\_ | Total Paid: \$ \_\_\_\_\_

Method of Payment:  Personal Check (# \_\_\_\_\_)  Cash  Gift Certificate  VISA  MasterCard  Discover®

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ 3-DIGIT CODE (CID #): \_\_\_\_\_

*I, the undersigned, as legal guardian of the above named minor, hereby grant permission for said minor to participate in the 2018 Warner Summer Arts Program. I understand that there will be **NO REFUNDS** of tuition, including cases of illness or injury, unless a doctor's statement is provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_