Schuylerville Con Children's 20	Theater	Office Use Date Received Registration Age group Waiting list # Scholarship request	
	TION FORM te Freely)	Amt. Awarded Refund SCT Membership	
Child's name:	Birth date:	Age (on 6/30/16): M / F	
Parent/Guardian(s) name			
		(City)	
Telephone numbers: (Home)	(cell(s))		
(Other) E-n			
School Attending		Current Grade	
Summer Childcare provider (if any) Pertinent Medical Information			
T-shirt size (Youth or Adult, S-M-L-X)	L) Permission	to publicize any photographs Y / N	
The Children's Theater participants wi not have time to deal with extraordinan need arises and, if problems persist the	ry discipline problems. We will con	tact the parents at home if the	
The child must be there from 9-1 obligations, please do not enroll;	· · ·		
Guardian Signature	Student Signatu	re	
Special Requests			
Students will be placed in the age approp	made out to SCT before the May 10, 2016 registration or fax: 518-745-1123 or e-mail: donna.hillebrandt@gma priate program on a first come basis.	on deadline. iil.com	
June 10 th . After that date there will be n	o refund. - over -		

Please note: Partial scholarships are made available through the SCT Scholarship Fund. Please indicate, in writing, your desire to be considered as a recipient. All moneys will be distributed fairly. The amount of your refund will depend on number of requests received. We thank STEWART'S SHOPS and WGY Christmas Wish for helping us make this possible.

Student Questionnaire:

Previous theater experience:

Musical talents: Instrumental:

Vocal:

Dance experience:

Note: Contact to parents will be made by the producer of each show. Please do not call the directors regarding roles or onstage concerns.

<u>Every participant</u> will have opportunities to help with set, props and costumes. We also encourage participation of students who want to be more involved backstage than onstage. Are you **primarily** interested in helping backstage? _____ Check your interests:

painting sets	light/sound	advertising/promotions (posters/fliers/lobby display)
makeup/hair	costumes	student assistant producer (design program, etc)
gathering props	usher/ticket sales	other; please describe:

Parent Questionnaire:

A parent who volunteers everyday receives a partial refund at the end of the program. Are you interested? (Only 2 people per group will be eligible to be reimbursed for registration fees. These people will be contacted by SCT and will need to volunteer their time for the <u>entire</u> program.)

______ spare time to help at the program (can sign up there)

Volunteers are also needed here and there. Indicate your area of interest/talent:

soliciting donated materials	organize refreshments for intermission
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_____ photography _____ artist skills: design/sketch set

_____ can videotape rehearsal ______ dance/choreography experience

- _____ sewing
- _____ carpentry _____ other: (please describe)
- _____ theater skills: pantomime, stage presence, stage make-up, lights, etc.
- _____ musical talent: Vocal_____ Instrumental _____
- _____ access to a copier: notes home about 30 or 100 each time; programs ~4000, 2-sided (we supply paper)

Please use this space to tell us anything else you'd like us to know about your child ______