

**Schuylerville Community Theater  
Children's Theater  
2023**

**REGISTRATION FORM  
(Duplicate Freely)**

Office Use	
Date Received	_____
Registration	_____
Age group	_____
Waiting list #	_____
Scholarship request	_____
Amt. Awarded	_____
Refund	_____
SCT Membership	_____

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age (on 6/30/23): \_\_\_\_\_ M / F

Parent/Guardian(s) name \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

Contacts & Numbers \_\_\_\_\_ / \_\_\_\_\_

/ \_\_\_\_\_ E-mail address \_\_\_\_\_

School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Circle here if this personal information can be shared with other participants (for possible carpooling opportunities) **Y / N**

Summer Childcare provider (if any) Name & Number \_\_\_\_\_

Pertinent Medical Information \_\_\_\_\_

**T-shirt size** (Youth or Adult, S-M-L-XL) \_\_\_\_\_ Permission to publicize any photographs **Y / N**

(Optional) Have you received the COVID vaccination? \_\_\_\_\_ Have your parents/guardians? \_\_\_\_\_

*The Children's Theater participants will be very busy creating the best possible production. The staff will not have time to deal with extraordinary discipline problems. We will contact the parents at home if the need arises and, if problems persist, the child will be asked to leave the group. There will be no refund.*

***The child must be there from 9:00-12:00 EACH DAY. Attendance is required so if you have other obligations, please do not enroll; we have a waiting list for others to join!***

Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Special Requests \_\_\_\_\_

**To Register:**

- Complete both sides of this form entirely. Use a separate form for each child.
- Enclose check for registration fee made out to SCT

**Mail to:** Donna Hillebrandt before the June 13, 2023 registration deadline.  
6 Grants Way or fax: 518-745-1123  
Gansevoort, NY 12831 or e-mail: donna.hillebrandt@gmail.com

**Student Questionnaire:**

Previous theater experience:

Musical talents:

Instrumental:

Vocal:

Dance experience:

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

Every participant 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 entire program.)

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

- \_\_\_\_\_ soliciting donated materials      \_\_\_\_\_ ~~organize refreshments for intermission~~
- \_\_\_\_\_ photography      \_\_\_\_\_ artist skills: design/sketch set
- \_\_\_\_\_ can videotape rehearsal      \_\_\_\_\_ dance/choreography experience
- \_\_\_\_\_ sewing      \_\_\_\_\_ spare time to help at the program (can sign up there)
- \_\_\_\_\_ 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 \_\_\_\_\_

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