

Schuylerville Community Theater Children's Theater 2024

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 6/30/24): _____ 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
6 Grants Way
Gansevoort, NY 12831

before the June 5, 2024 registration deadline.
or fax: 518-745-1123
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 _____
