



**Office Use Only:**

\_\_\_\_\_ Date Rec'd

\_\_\_\_\_ Full payment  
Rec'd

**2018**

# Summer Youth Musical Theatre Workshop

## Application Form

PLEASE READ THIS APPLICATION CAREFULLY

Please complete the entire application and mail it along with your enrollment fee to:

**Musicals at Richter, 100 Aunt Hack Road, Danbury, CT 06811**

Student's Name \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_ Gender: M/F

Date of Birth \_\_\_\_\_ Age as of June 2017 \_\_\_\_\_

What grade will you be going into in the 2017-18 School Year? \_\_\_\_\_

I would like my child to be placed in the same group as (must be in similar grade level or age): \_\_\_\_\_

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

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

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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

Day phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Email address \_\_\_\_\_

Emergency information

Doctor's Name \_\_\_\_\_

Dr.'s Phone # \_\_\_\_\_

Do you have Health Insurance: Y/N

Company name \_\_\_\_\_

ID # \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### REFUND POLICY

There are no refunds for students dismissed from the program due to illness or disciplinary reasons, or for students that choose to leave the program early.

# SUMMER YOUTH MUSICAL THEATER WORKSHOP PAYMENT FORM

I would like to enroll my child with Musicals At Richter SUMMER YOUTH MUSICAL THEATER WORKSHOP!

**Session 1: June 25<sup>th</sup>-July 20<sup>th</sup>**

\$700 Paid by April 15, 2018  
\$800 Paid after April 15, 2018

**DEADLINE June 15<sup>th</sup>**

\*Prorating available for late school closings for single session only.

**Session 2: July 23<sup>rd</sup> -Aug 17<sup>th</sup>**

\$800 Paid by April 15, 2018  
\$900 Paid after April 15, 2018

**DEADLINE July 13<sup>th</sup>**

	<u># of</u>		<u>TOTAL</u>
Session 1: June 25-July 20 (4 weeks)			
\$700 Single Child Before April 15	_____	x \$700 =	_____
\$800 Single Child After April 15	_____	x \$800 =	_____
\$595 Additional Sibling Before April 15	_____	x \$595 =	_____
\$680 Additional Sibling After April 15	_____	x \$680 =	_____

	<u># of</u>		<u>TOTAL</u>
Session 2: July 23 -August 17 (4 weeks)			
\$800 Single Child Before April 15	_____	x \$800 =	_____
\$900 Single Child After April 15	_____	x \$900 =	_____
\$680 Additional Sibling Before April 15	_____	x \$680 =	_____
\$765 Additional Sibling After April 15	_____	x \$765 =	_____

	<u># of</u>		<u>TOTAL</u>
Both Sessions: June 25-August 17 (8 weeks)			
\$1,200 Single Child Before April 15	_____	x \$1200 =	_____
\$1,360 Single Child After April 15	_____	x \$1360 =	_____
\$1,020 Additional Sibling Before April 15	_____	x \$1020 =	_____
\$1,156 Additional Sibling After April 15	_____	x \$1156 =	_____

**TOTAL** \_\_\_\_\_

We would appreciate checks payable to: **Musicals at Richter**

PAYMENT METHOD:  ONLINE  CHECK  CASH (in person only)

Discounted rates will only be honored if full payment is received by the discount cut off date. Payment Plans available upon request.

SIGNATURE: \_\_\_\_\_



**Musicals at Richter Summer Youth Musical Theater Workshop  
MAR Kids Participant Medical History Report**

This form must be completed, signed and returned by parent or guardian. It is the aim of Musicals at Richter to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet this goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. **NOTE: MUSICALS AT RICHTER, THE DIRECTOR, AND ALL STAFF RESERVE THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED AT THE MUSICALS AT RICHTER SUMMER YOUTH MUSICAL THEATRE WORKSHOP.**

The CONFIDENTIAL information will also be used in the event of any participant injuries.

STUDENT (LAST NAME, FIRST, MIDDLE) PRINT	PARENT / GUARDIAN NAME		
ADDRESS	STUDENTS AGE / BIRTHDATE		
CITY, STATE, ZIP	<table border="0"> <tr> <td align="center">DAY PHONE (    )</td> <td align="center">EVENING PHONE (    )</td> </tr> </table>	DAY PHONE (    )	EVENING PHONE (    )
DAY PHONE (    )	EVENING PHONE (    )		

**IN CASE OF EMERGENCY CONTACT (AVAILABLE 24 HOURS)**

LAST NAME, FIRST, MIDDLE	RELATIONSHIP	TELEPHONE (    )
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**PERSONAL HISTORY**

Check box beside those medical problems camp participant has had or currently has.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Measles (Rubella)       | <input type="checkbox"/> Kidney                | <input type="checkbox"/> Pneumonia            |
| <input type="checkbox"/> Rubella (3-day measles) | <input type="checkbox"/> Insomnia              | <input type="checkbox"/> Mumps                |
| <input type="checkbox"/> Bladder problem         | <input type="checkbox"/> Chest pain            | <input type="checkbox"/> Chicken pox          |
| <input type="checkbox"/> Tension or depression   | <input type="checkbox"/> Chronic pain          | <input type="checkbox"/> Frequent headaches   |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Head Injury           | <input type="checkbox"/> Palpitations         |
| <input type="checkbox"/> Knee Sprains            | <input type="checkbox"/> Sinusitis             | <input type="checkbox"/> Hay fever, asthma    |
| <input type="checkbox"/> Thyroid                 | <input type="checkbox"/> Ear trouble           | <input type="checkbox"/> High blood pressure  |
| <input type="checkbox"/> Jaundice, liver disease | <input type="checkbox"/> Heart problem         | <input type="checkbox"/> Heart murmur         |
| <input type="checkbox"/> Tuberculosis            | <input type="checkbox"/> Stomach trouble       | <input type="checkbox"/> Throat problems      |
| <input type="checkbox"/> Eye trouble             | <input type="checkbox"/> Rheumatic fever       | <input type="checkbox"/> Hypoglycemia         |
| <input type="checkbox"/> Fainting                | <input type="checkbox"/> Back problem          | <input type="checkbox"/> Joint problems       |
| <input type="checkbox"/> Allergies (drugs/food)  | <input type="checkbox"/> S T D's               | <input type="checkbox"/> Gall bladder trouble |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hernia                | <input type="checkbox"/> Sickle cell anemia   |
| <input type="checkbox"/> Seizure / Epilepsy      | <input type="checkbox"/> Neurological disorder |   |
| <input type="checkbox"/> Ankle Sprains           | <input type="checkbox"/> Knee Sprains          |   |
| <input type="checkbox"/> Mild                    | <input type="checkbox"/> Mild                  |   |
| <input type="checkbox"/> Severe                  | <input type="checkbox"/> Severe                |   |

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY camper has had within the past five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome