

# FANTASY PLAYHOUSE CHILDREN'S THEATER & ACADEMY

## SPRING BREAK CAMP REGISTRATION

MARCH 12-16, 2018 OR MARCH 26-30, 2018



Complete information below (separate form for each registrant) and return with payment to:  
Fantasy Playhouse Children's Theater & Academy, 3312 Long Ave., Huntsville, AL 35805 or Fax to 256-539-6835

### STUDENT INFORMATION

Name \_\_\_\_\_  Male  Female  
Age \_\_\_\_\_ DOB \_\_\_\_\_ New Student to FPCT?  Y  N  
School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

So that we may better serve you, please inform us of any allergies and/or physical, developmental or cognitive disabilities:  
\_\_\_\_\_  
How did you hear about Fantasy Playhouse: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
List person(s) responsible for after class pick-up \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_  
Does anyone in your household have military affiliation? Please check all that apply:  
 Active Duty  Reserve  Civil Servant  Government Contractor

### SPRING BREAK CAMP

**Madison City: March 12-16, 2018**  
 Full Day (ages 5-15): \$195  
**Huntsville City/Madison County: March 26-30, 2018**  
 Full Day (ages 5-15): \$195

**Before Care**  
 Weekly: \$25  Daily (Select Below): \$8/day  
 M  T  W  T  F

**After Care**  
 Weekly: \$50  Daily (Select Below): \$25/day  
 M  T  W  T  F

### FEES & PAYMENT

\*Early Bird Discount applies to registrations received by February 26, 2018  
\*FPCT Season Subscriber Discount (\$5 off per child)  
**Total Discounts** \_\_\_\_\_  
**Grand Total** \_\_\_\_\_  
 Check enclosed (make payable to "FPCT")  
Credit Card  Visa  MC  DS  Amex  
Name on Card \_\_\_\_\_  
Account # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CW \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

### RELEASE AGREEMENT

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in Fantasy Playhouse Children's Theater & Academy programs. Families are expected to carry their own accident and medical insurance and agree to hold harmless Fantasy Playhouse Children's Theater & Academy from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes Fantasy Playhouse Children's Theater to administer first aid and/or authorize medical treatment for program participant. I have read and understand all program information, and hereby grant permission for the child named above to participate in the Fantasy Playhouse Children's Theater & Academy programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_