

FANTASY PLAYHOUSE CHILDREN'S THEATER & ACADEMY

FALL BREAK CAMP REGISTRATION

OCTOBER 8-12, 2018 OR OCTOBER 15-19, 2018

DID YOU KNOW?
YOU CAN REGISTER ONLINE
AT WWW.FANTASYPLAYHOUSE.COM



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

FALL BREAK CAMP

Huntsville City/Madison County: October 8-12, 2018

Full Day (ages 5-15): \$195

Madison City: October 15-19, 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 September 17, 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 _____