



*Building dreams, inspiring audiences, and creating dramatic opportunities*

## Summer Cultural Enrichment Camp Enrollment Application

**Where: TeCo Theatrical Productions, Inc., 215 S. Tyler Street, Dallas, TX, 75208**

**When: June 6, 2011 - July 28, 2011, Monday - Thursday from 7:00 a.m. - 5:00 p.m.**

**Who: Campers 6-12 Years Old**

**Cost: \$50 Application Fee/\$75 per week/\$600 for 8 weeks**

If you have any questions regarding the summer theatre camp, please call our office at 214-948-0716.

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### Please Print Name Exactly As It Should Appear On All Permanent Records

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ TX \_\_\_\_\_ Zip Code \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Current School \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Daytime Contact Phone \_\_\_\_\_ Daytime Contact Phone \_\_\_\_\_

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

Sibling Enrolled: Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### For credit card payments, please provide the following information:

Name on the credit card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Total Amount to be Charged: \_\_\_\_\_

**Emergency Contact Information:**

In the event of an emergency, parents or guardian will be contacted first. Please list alternate emergency contacts. **\* All TeCo Staff are CPR trained.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medication Administration**

Does your child take prescription medication? Yes\_\_\_ No\_\_\_ If yes, what medication? \_\_\_\_\_

Will the directors administer medication during summer camp hours? (check one) Yes\_\_\_ No\_\_\_

Medications that are required during the summer camp hours must be supplied by the parents and brought to the program in the original container and properly labeled with name of the student, name of the medication, dosage amount and time the medication is to be administered. A permission to administer medications form must be signed at the time of the delivery of medications.

**Health Concerns/Activity Restrictions**

My child has the following health concerns (surgeries, disease, etc.) or activity restrictions \_\_\_\_\_

**Allergies**

My child is allergic to the following (foods, medications, insects, pollens, etc.) \_\_\_\_\_

Treatment for allergic reaction \_\_\_\_\_

**Authorization To Pick-Up Release**

I hereby authorize the TeCo Theatrical Productions, Inc., Summer Theatre Camp to allow my children to leave the camp **ONLY** with the following persons. Please list name, telephone and relationship for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID:

Name _____	Name _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

**Consent of Participation**

I hereby give my permission for the applicant named above to participate in TeCo Theatrical Productions, Inc. Summer Theatre Camp held at the Bishop Arts Theater Center, 215 S. Tyler Street, Dallas, TX from June 6, 2011 through July 28, 2011.

As a condition of acceptance into the Summer Theatre Camp, I hereby certify that:

1. I am the parent/legal guardian of the child named above.
2. I certify that a physician has examined my child within the past year and that she/he is physically fit to participate in the TeCo's Summer Theater Camp and all its components.
3. I hereby permit TeCo Theatrical Productions, Inc., to use, in whole or in part, photographs, videos, written extraction and voice recordings of the above named student for the purpose of illustrations, TeCo Theatrical Productions, Inc., website, and publications. No student's full name will be published.

I hereby agree to protect TeCo Theatrical Productions, Inc., Board of Directors, all of their representatives, employees, theatre professionals and hereby hold all such people and entities, harmless of and from any loss, liability, claim, injury, damage, or expenses of any nature whatsoever which might be incurred, or otherwise accrue, to my child or the undersigned, by virtue of his/her participation in or being present during to include, but not limited to, travel to and from field trips whether by my own means, school provided means or otherwise.

**Summer Camp Dress Code**

1. All children must wear appropriate attire. ***\*If you have to think about it don't wear it.***
2. No expensive jewelry.
3. Girls: No revealing outfits: too tight fitting or too loose fitting
4. Boys: No sagging (pants)
5. No t-shirts bearing distasteful or offensive words, logos, labels, or advertisement etc...
6. All shorts must be worn at mid thigh.

**Code of Conduct**

1. Absolutely no profanity.
2. Students must show respect for others at all times including their belongings.
3. There will be absolutely no fighting.
4. No drugs or alcohol will be allowed on premises at any time.
5. The discipline consequence progression is listed below:
  - a. First Infraction-Verbal Warning
  - b. Second Infraction- Parent/Staff/Administrator Conference
  - c. Third Infraction- Withdrawal from TeCo's Summer Theatre Camp
6. Theatre camp hours are from 7:00AM-5:00PM. For any student that is picked up after 5 p.m., parents will be charged \$1 per minute late fee.
7. **Full tuition is due before the first day of enrollment.**
8. TeCo will provide a breakfast and a lunch during camp hours.
9. **Application fees are non-refundable and non-transferable. No tuition refunds or exchanges.**

**THIS IS TO CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION CONSENT FORM. I AGREE TO ALL TERMS AND CONDITIONS CONTAINED HEREIN:**

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