



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 4, 2012 - July 26, 2012, 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

(EARLY BIRD SPECIAL: \$65 per week/\$520 for 8 weeks if paid by April 2, 2012)

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

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 Theatre 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 Theatre 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 Conference
 - c. Third Infraction- Permanent Suspension From Camp
6. Theatre camp hours are from 7:00AM-5:00PM. If student is picked up after 5 p.m., parent/guardian will incur a \$1 per minute late fee. **FEES MUST BE PAID BEFORE CHILD CAN RESUME CLASSES – NO EXCEPTIONS**
7. **Full tuition will be due before the first day of camp.**
8. TeCo will provide a breakfast, lunch and snacks 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 _____