



Dance & Performing Arts Theatre

SPRING BREAK CAMP 2010



March 29th - April 2nd

Monday - Friday

9am-3pm

(extended care 8-9am & 3-6pm)

Campers will learn songs, scenes, and choreography from the hit movie

Space is limited!!!

Call (561) 394-2626

For complete details and registration form visit

www.showtimeboca.com

503 SE Mizner Blvd. Suite 73 Royal Palm Place, Boca Raton, FL 33432



Dance & Performing Arts Theatre

HIGH SCHOOL MUSICAL 3 Spring Break Camp Registration

Showtime Performing Arts

503 SE Mizner Blvd. Ste. 73, Boca Raton, FL 33432

561-394-2626 phone 561-394-2660 fax

www.showtimeboca.com

Camper's Name: _____

Mother's Name: _____

Mother's Address: _____

Father's Name: _____

Father's Address: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Home #(____) _____ - _____ Cell #(____) _____ - _____ Best #(____) _____ - _____

Mother's Work #: (____) _____ - _____ Cell #: (____) _____ - _____

Mother's E-mail: _____

Father's Work #: (____) _____ - _____ Cell #: (____) _____ - _____

Father's E-mail: _____

Is the child currently a student at SHOWTIME? _____

Age: _____ Date of Birth: ____/____/____ Sex: _____ Shoe Size: _____ T-Shirt Size: _____

School Attending: _____ Grade: _____

Emergency Contact (other than above): Phone # : (____) _____ - _____

Name: _____ Relation to child: _____

Address: _____

Family Physician: _____ Phone # : (____) _____ - _____

Allergies or other medical information we should know about your child:

HIGH SCHOOL MUSICAL 3 SPRING BREAK CAMP

March 29th – April 2nd, 2010

Monday – Friday

9am - 3pm

(Extended Care available 8-9am & 3-6pm)

SPRING BREAK CAMP TUITION

\$ 200.00

Indicate days for extended camp:

Mon Tues Wed Thurs Fri
Mar 29 _____ Mar 30 _____ Mar 31 _____ Apr 1 _____ Apr 2 _____

of extended hours on camp days _____ @ \$5 per hour = \$ _____

of catered hot lunch buffet days _____ @ \$7 per day = \$ _____

Total Due = \$ _____

**Each sibling after the first family member receives a 10% discount!
Pay in full before March 1, 2010 and receive a 10% discount on the base tuition.**

By signing this waiver, you release SHOWTIME Dance and Performing Arts Theatre and all of its employees from all claims related to any injury which may be sustained by you or your child while attending any of our classes, or events associated with SHOWTME Dance and Performing Arts Theatre. You also affirm that you currently have and will continue to carry proper medical, health, hospitalization, and accident insurance, which you consider adequate for you or your child. Photo release: You understand that as a student, your child may from time to time be included in photos and video-taping of student productions. By signing below you grant permission for Showtime to use these photos in brochures or promotional material. Sorry, no refunds unless your child's place can be filled from the waiting list.

Parent's Signature: _____

Parent's Name (print): _____

Date: _____

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Phone:561-394-2626 Fax:561-394-2660

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1. We are pleased to offer a very exciting lunch program for your convenience. A **hot buffet of healthy kid friendly lunch options is offered daily**. Examples of menu selections follow*:

- **Entrées**

- Grilled Cheese on Multi-grain, Bagels and Cream Cheese
- Peanut Butter & Jelly on Multi-grain
- Pasta with Sauce, Macaroni & Cheese
- Baked Chicken Tenders
- Pizza, Quesadillas, Tacos
- Mini Burgers, Hot Dogs

- **Sides**

- Fresh Veggies with Dip served daily (carrots, broccoli, celery, tomatoes)
- Rice, Pasta, Corn on the Cob

- **Desserts**

- Seasonal Fresh Fruit (strawberries, pineapples, melon, grapes)
- Cookies, Pudding, Ice Cream.

- **Snacks**

- Pretzels, Potato Chips, Corn Chips, Cheese Puffs

- **Beverages Included**

*menu items subject to change and substitution.

This lunch will be offered at 12pm in buffet style and your child will be able to choose any or all of the foods offered each day. The cost is \$7 per day. **The lunch program must be reserved and paid for in full at time of registration.** Otherwise, please pack a lunch for your child.

2. We will be dancing every day. Campers **must** bring their jazz shoes or jazz sneakers each day for dance class. Absolutely No Crocs or Flip-Flops! The shoes must be soft with flexible soles. We do have these shoes available for sale at the studio. Just let us know your street shoe size!!

3. We do offer a wide assortment of **snacks and beverages** for purchase for \$1 each. You can send money with your child each day or open a "Snack Account" from which we will deduct \$1 for each snack or beverage requested from your camper.

4. **SHOWTIME T-shirts** are available in 7 different colors. Each camper will receive one t-shirt. After that, additional shirts are \$15 each. SHOWTIME back-packs are also available for \$15 each.

5. Before Camp (8am-9am)/After Camp (3pm-6pm) Procedure

It is recommended that you prepay for use of this service if you know that you will be utilizing it for the entire 4 week camp session or for certain days. The cost is \$5 per hour, as follows:

a. Morning Camp: If you have not prepaid for morning camp, your camper should be dropped off at 9am. There will be a grace period of 15 minutes (8:45-9am) for drop-off. Should you need to bring your camper anytime before 8:45am (8-8:45am), the \$5 per hour charge will apply and you must walk your child inside, sign in and pay the \$5.

b. After Camp: If you have not prepaid for after-camp, your camper should be picked up at 3pm. There will be a grace period of 15 minutes (3-3:15pm) for pick-up. Should pick-up occur anytime after 3:15pm (3:15-4pm), the \$5 per hour charge will apply and you must come inside, sign out your child and pay \$5 at that time. Should pick-up occur from 4-5pm, there will be an additional charge of \$5 (total \$10), from 5-6pm, there will be an additional charge of \$5 (total \$15). You must come inside to sign out your child and pay the total due for that afternoon. (maximum \$15).

If you have not prepaid for this service, payment must be made on a daily basis at the time your child is dropped off or picked up. If you are carpooling or have made some other arrangements for release of your child such as a neighbor or caregiver, it is recommended that you either prepay, send in the amount due with the caregiver, or you must come in and pay the following morning.

6. IMPORTANT: FOR THE SAFETY OF EACH STUDENT!

Morning procedure: Each camper MUST be escorted into the studio and signed in by an adult.

Afternoon procedure: Each camper MUST be signed out by an adult to be released.

7. Please contact us with any questions or special needs. We look forward to a great summer!



501 SE Mizner Blvd. #73
Boca Raton, FL 33432
561-394-2626 showtimeboca@aol.com
www.showtimeboca.com

Billing Information

Circle one: Check | VISA | MASTER CARD |

Amount charged: \$ _____ Exp. ____ 3 digit code on reverse of card _____

Account number: _____

Name on card: _____

Billing address: _____

Signature of cardholder: _____

By signing this waiver, you release SHOWTIME Dance and Performing arts Theatre and its staff from all claims related to any injury which may be sustained by you or your child while attending any of our classes, camps or events associated with SHOWTME Dance and Performing Arts Theatre. You also affirm that you currently have and will continue to carry proper medical, health, hospitalization, and accident insurance, which you consider adequate for you or your child. Photo release: You understand that as a student, your child may from time to time be included in photos and video-taping of student productions. By signing below, you grant permission for Showtime to use these photos in brochures or promotional material. It is understood that no refunds will be given for camp tuition.

Parent's Signature: _____ Date: _____



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Student Pickup Authorization Form

Student Name: _____

The following individuals have my permission to pick up my child from Showtime Dance & Performing Arts Theatre.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Special Remarks or Concerns: _____

I understand my child will not be released to anyone other than the individual(s) named above without prior authorization.

Parent / Guardian Signature

Printed Name

Date

Parent / Guardian Signature

Printed Name

Date