

# Child's Play Touring Theatre's Sunday "FunDay" for Kids

Ages 6—12

## Winter, 2010

### Enrollment Guide



Welcome to Child's Play! We are thrilled to have you join our ensemble.

From writing to rehearsal to performance, Child's Play is a unique experience that encourages ensemble building, creativity and problem solving. Students develop skills in acting, improvisation, singing, music, dance, juggling, mime, writing, stage direction and more.

In this 5 week program, students will use the tools of the actor and Child's Play's drama based writing methods to create original stories and poems, adapt them to the stage, and finish with a fully-fledged theatrical performance.



**Child's Play Touring Theatre**  
**Enrollment Form - print version**

Classes will be held Sundays, Feb. 28th - Mar. 28th, 2010 from 1:00pm - 2:00pm  
at our Studio located at 2518 W. Armitage, Chicago, IL 60647.

Tuition: \$100

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**PAYMENT INFORMATION**

Check or money order - make payable to Child's Play Touring Theatre.

Visa       MasterCard

Credit card #: \_\_\_\_\_

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Tuition Paid: \$\_\_\_\_\_

Would you like to add a tax-deductible donation? Amount donated: \$\_\_\_\_\_

Payment is due in full by the first day of class and is non-refundable.

We will notify you of receipt.

**Please fax completed form to (773) 235-5478 or mail to:**  
**Child's Play Touring Theatre, 2518 W. Armitage Avenue, Chicago, IL 60647.**  
**You may call with credit card payments to (773) 235-8911.**

**Call Abha at 773-235-8911 or email [abhak@cptt.org](mailto:abhak@cptt.org) with any questions.**

# Child's Play Touring Theatre Contact and Emergency Information Form

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Who is permitted to pick up your child?** Your child will only be released to listed persons. Please contact us if there are any changes.

\_\_\_\_\_  
\_\_\_\_\_

My child may arrive and depart from class unescorted at start and dismissal times. Please circle.

**Yes                  No**

I hereby give my child permission to participate in class activities. I fully assume all responsibility for injuries he/she may receive or articles lost while participating in these activities and hereby release Child's Play Touring Theatre from any liability for any injury my child may sustain. I also give my permission to Child's Play Touring Theatre to use photographs or videos of class and performance activities that contain an image of my child for the limited purpose of promotion and advertising.

Child's Play Touring Theatre is not responsible for children dropped off early or not picked up on time.

I understand that this form will be due by the first day of class or my child will not be enrolled.

Signature: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## EMERGENCY INFORMATION AND CONTACTS

\_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

WORK ADDRESS AND PHONE NUMBER OF ONE PARENT:

\_\_\_\_\_  
Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
Work Address

### Other contact in case parents cannot be reached:

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Health Problems: \_\_\_\_\_  
\_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Child's Play Touring Theatre to hospitalize and secure proper treatment for my child named above in case of accident or sudden illness.

ACCEPTED ( )  
Signature: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian/Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Child's Physician/Hospital  
Insurance No.

REFUSED ( )  
In the event I cannot be reached in an emergency, I hereby hold harmless Child's Play Touring Theatre from any harm arising in injuries or conditions caused by my refusal to authorize Child's Play Touring Theatre to secure treatment for my child.

Signature: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian \_\_\_\_\_

## Child's Play Touring Theatre Class Information and Policies

**DATES:** Sundays, Feb. 28th through Mar. 28th

**TIMES:** 1:00 - 2:00 p.m.

**ARRIVAL:** Class begins promptly at the scheduled time. We are located at 2518 W. Armitage Ave. in Chicago. Doors to Child's Play are on Stave on the south side of the building. We are on the 2nd floor.

**PARKING:** There is some street parking available and metered parking on Milwaukee Ave.

**DEPARTURE:** The premises will be closed immediately following class. Child's Play Touring Theatre is not responsible for children not picked up after this time.

**MAKE-UP CLASSES:** No make-up classes are provided for students who have to miss class, and no refunds or pro-rating are offered.

**CLOTHING (IMPORTANT):** We suggest wearing comfortable clothing, with sneakers. Please do not wear clothing that you cannot get dirty. Please avoid wearing sandals or loose fitting shoes. We will be doing a lot of movement and we want everyone to be prepared for all activities.

**LOST ARTICLES:** Child's Play is not responsible for any lost articles, clothing, snacks, etc.

**CELL PHONES:** The use of cell phones and texting and prohibited during class. If you have a cell phone, please turn it off or put it on vibrate during class.

**MEDICATION:** Child's Play staff will not administer any kind of medication to a student. If your child requires medication of any kind while in class, the parent must make arrangements to be present to administer it to their own child.

**BEHAVIOR POLICY:** Child's Play has an ensemble approach to learning theatre. Being courteous and working together are fundamental elements to a positive experience and successful outcome. Parents will be called if:

- A child disturbs or hurts others, either verbally or physically
- A child damages equipment or property
- A child places himself/herself in a dangerous situation

### **Misconduct will be handled as follows:**

**First Occurrence:** Misbehavior will be discussed with a parent or a written notice will be forwarded to request a meeting with them to discuss the matter. Parental failure to respond will result in indefinite suspension from class.

**Second Occurrence:** A student will be suspended from class if a second notice of inappropriate behavior is documented.

**The Exception:** The exception to the above process is if a child physically or verbally abuses another child or a staff person. In this case, the child's parent will be called immediately, and the student will be expelled from the program.

### **HOW TO CONTACT US DURING CLASS HOURS:**

When you need to reach us at the studio, please call the office at 773-235-8911 and messages will be immediately relayed. Any queries outside of class can also be asked via email to: **abhak@cptt.org**

We are always interested in learning more about the parents of our actors and would greatly appreciate it if you could fill out the following information:

Parent Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Our organization welcomes any kind of assistance/services that you would be able to offer in our general operations. If you are interested in helping, please indicate in what capacity you would like to contribute:

\_\_\_\_\_ PR

\_\_\_\_\_ Advertising

\_\_\_\_\_ Marketing

\_\_\_\_\_ Auction Items

\_\_\_\_\_ Development

\_\_\_\_\_ IT

\_\_\_\_\_ Volunteering at Office

\_\_\_\_\_ Board Membership

We would of course be delighted to have any help from parents in getting ready for the final performance. Would you be interested in volunteering? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please let us know what you would like to do:

\_\_\_\_\_ Scenery

\_\_\_\_\_ Costumes

\_\_\_\_\_ Photography

\_\_\_\_\_ Videography

\_\_\_\_\_ Working backstage during the performance

Thank you for completing this form, and if you have any questions, please don't hesitate to contact our office.