

Registration Form

CAMP BROADWAY 2020

Learn More: www.TheatreWinterHaven.com | 863-294-7469 ext. 1

OFFICE USE:

Date Rec'd _____

Confirmed _____

Info Sent _____

Med/Rel _____

SIGN UP:

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE COMPLETED _____

CONTACT PHONE _____

EMAIL _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN _____ RELATIONSHIP _____

PARENT/GUARDIAN _____ RELATIONSHIP _____

DAYTIME PHONE # _____

EMAIL _____

SELECT THE WEEK(S) YOU WISH TO ENROLL IN:

- June 15 - 19, 2020
- June 22 - 26, 2020
- July 6 - 10, 2020
- July 13 - 17, 2020
- July 20 - 24, 2020
- July 27 - 31, 2020

9am-4pm
Monday-Friday
\$165 Per week

In these one-week mini-workshops, campers will study the musical theatre styles of some of their favorite Broadway productions.

SAFETY MEASURES

Summer Camps will have additional protocols in place to ensure we have a safe and healthy camp environment.

Limited classrooms sizes.

Staff/Instructors required to wear masks

Touchless temperature checks.

Social Distancing

Continuous deep cleaning of facility.

I'm interested in a:

- PAYMENT PLAN** (Optional)
- *SCHOLARSHIP**

SEND REGISTRATION FORM TO:

Theatre Winter Haven Academy
P.O. Box 1230 Winter Haven, FL 33882

MEDICAL & PHOTO RELEASE:

Fill out the Medical & Photo Release on the next page.

***SCHOLARSHIP** See separate scholarship form and contact SaraBeth@TheatreWinterHaven.com for more details

BOX OFFICE USE ONLY:

DATE REC'D _____

SCHP QB AP FP

PYMT#1 _____

PYMT2# _____

PYMT3# _____

***As a COVID-19 precaution, anyone entering the facility during Broadway Camps, will undergo a temperature check.**

Today's Date: _____

Emergency Information and Media Release

Student's Full Name: _____ Birthdate: _____

Parent/Guardian Names: _____ Day Phone: _____

IN CASE OF EMERGENCY:

If we are unable to reach the above guardian, who would you like us to contact:

- 1) Name: _____ Relationship: _____ Day Phone: _____
- 2) Name: _____ Relationship: _____ Day Phone: _____
- 3) Name: _____ Relationship: _____ Day Phone: _____
- 4) Name: _____ Relationship: _____ Day Phone: _____

If an emergency arises that requires your child to leave during camp hours and you are unavailable to pick them up yourself, who do you give permission to pick up your child:

- 1) Name: _____ Relationship: _____ Day Phone: _____
- 2) Name: _____ Relationship: _____ Day Phone: _____
- 3) Name: _____ Relationship: _____ Day Phone: _____
- 4) Name: _____ Relationship: _____ Day Phone: _____

Does your child have any allergies or chronic illnesses? No Yes

If Yes, please indicate type of allergy, reaction, and any special instructions we need to be aware of:

Is your child taking any medication during our regular camp day? No Yes

If Yes, please indicate proper names of medications, dosages, and reasons for taking:

Theatre Winter Haven Academy wants to give each child the best experience possible. If your child has any physical and/or emotional limitations please let us know in the space provided below. This information will be kept in strict confidence, but will greatly assist us in coaching your child to the best of their ability, and will also help us to meet their individual needs:

Any other comments you would like to share with us about your child?

Medical Release:

I, the undersigned parent or guardian of the above named minor, do hereby authorize the staff of Theatre Winter Haven as agents for the undersigned to give consent to medical treatment in an emergency.

Photography and Video Release:

By my child's participation in Theatre Winter Haven programs, I consent to the reproduction and/or use of any and all photographs, videotapes, films, or other recordings of my child for advertising, promotional or other purpose by Theatre Winter Haven (without compensation to my child or me).

Signature of Parent/Guardian _____ Date: _____

Summer Camp SCHOLARSHIP ASSISTANCE REQUEST

www.TheatreWinterHaven.com

863-294-7469 ext. 1



Please submit the completed form, enrollment form and support documentation to SaraBeth@TheatreWinterHaven.com

Theatre Winter Haven
P.O. Box 1230 Winter Haven, FL 33882 | Attn: Sara Beth Reynolds

For questions, contact Sara Beth Reynolds at
SaraBeth@TheatreWinterHaven.com
863-294-7469 ext. 105

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE COMPLETED _____

PARENT/GUARDIAN _____

MOBILE # _____ WORK # _____ HOME # _____

EMAIL _____

DRIVER LICENSE # _____

SOCIAL SECURITY # _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

PROOF OF LOSS OF INCOME

In order to be eligible for a scholarship for you child(ren) , you must provide proof of loss.

With this application, please include a copy:

• Valid Florida ID or driver license

AND

• Attach 2019 Income Tax Return
OR
• Attach 2018 Income Tax Return and pay stubs for the last 60 days.

AND

• Proof of loss or reduction in income related to COVID-19 impacts due to health or employment (furlough, lay-off letter from employer, unemployment statement, formal letter stating loss, etc.)

Have you or an adult in your household lost income due to COVID-19?

Yes No

**DO YOU LIVE IN
POLK COUNTY?**

Yes No

CHECK ALL THAT APPLY:

Unemployed Furloughed/Layed Off Reduced hours/pay

CURRENT OR PAST EMPLOYER:

**OFFICE
USE ONLY**

Date _____

ACT | DN

SCH

ENR

ECMR

- I have not received any COVID-19 assistance prior to this application (stimulus checks do not apply).
- I consent to the disclosure of such information I am providing as may be required for purposes of income and other fact verification related to my application for financial assistance. I understand that (i) any willful misstatement of material fact will be grounds for disqualification of my application; (ii) the information I am providing is needed to determine my assistance eligibility and its submission in no way assures qualification for assistance; and (iii) all documentation I submit is subject to federal and other government audits.
- I confirm the information provided in my submission is true, correct, and complete to the best of my knowledge and belief.
- I will use any financial assistance awarded to me for child care services or for other emergency uses expressly authorized under the CARES Act.

X _____ DATE _____

I attest that the above information is true and the attached documents are valid.

Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Prefer not to answer	

Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

Have you or an adult in your household lost income due to COVID-19?

Yes No

BEFORE SUBMITTING VERIFY YOU HAVE COMPLETED THE FOLLOWING

- Completed the Scholarship Request Form
- Completed the Enrollment Form
- Attached a copy of a valid Florida ID or driver license
- Attached 2019 tax return or 2018 tax return with pay stubs from the last 60 days
- Attached Proof of Loss

SUBMITTING FORMS

Please mail your forms to
 Theatre Winter Haven
 P.O. Box 1230
 Winter Haven, FL 33882 or
 email a PDF of your forms to
SaraBeth@TheatreWinterHaven.com



Contact Sara Beth Reynolds if you have any questions.
 863-294-7469 ext. 105