



MAIL TO:  
 South Shore School of Theatre  
 Eastern Nazarene College  
 Cove Fine Arts Center  
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 Quincy, MA 02170

(617) 653-2460  
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## SUMMER VACATION RETURNING STUDENT Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program: \_\_\_\_\_

Any changes to address, phone number, medical information: \_\_\_\_\_

**Program Choices**  
 (please check appropriate boxes or list above if enrolling more than one child)

\_\_\_\_\_ **Junior Musical Theatre**, ages 7-9 (\$600)  
*July 6-25, 2015*

\_\_\_\_\_ **Youth Musical Theatre**, ages 10-12 (\$600)  
*July 13 - August 1, 2015*

\_\_\_\_\_ Youth/Junior Extended Day, (\$25/wk)  
 Week 1 \_\_\_ Week 2 \_\_\_ Week 3 \_\_\_

\_\_\_\_\_ **Teen Musical Theatre**, ages 13-19 (\$600)  
*July 13 - August 8, 2015*

\_\_\_\_\_ **Tech Week-long Workshop**, ages 12 & up (\$200)  
*June 22-26.*  
*Enrollment in Teen Musical Theatre program not required*

\_\_\_\_\_ Teen Internship  
*Must fill out separate internship application*

**Payment Information**  
 (please check appropriate boxes)

\*\* Returning students are not required to pay until the first day of class. However, if the student drops the class before its beginning and no payment has been made, a \$100 fee will be added to any future enrollments.

Deposit only enclosed \_\_\_\_\_  
 (\$100 deposit required to reserve your child's spot)

Full payment enclosed \_\_\_\_\_

Sibling Discount \_\_\_\_\_  
 (\$50 off each additional sibling, limit of 4)

Early Bird Discount \_\_\_\_\_  
 (\$25 off, must be postmarked by 2/20)

Request for payment plan \_\_\_\_\_

Referral Discount (\$25/child, please list name of child who referred you and they receive \$25 of their tuition)  
 \_\_\_\_\_

Please make checks payable to:  
 South Shore School of Theatre

**Returning Teen Internship Application:**

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

PREFERRED POSITION: (See teen internship form online) \_\_\_\_\_

WEEKS AVAILABLE: (please circle)

Week 1                      Week 2                      Week 3                      Week 4

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_