



MAIL TO:  
 South Shore School of Theatre  
 Eastern Nazarene College  
 Cove Fine Arts Center  
 23 E. Elm Avenue \* Quincy, MA 02170  
  
 (617) 653-2460  
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## SUMMER VACATION RETURNING STUDENT 2020 Registration Form

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

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

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

**Permissions Needed**  
 (please initial next to each permission you grant)

\_\_\_ Photos may be used of my child for publicity purposes \_\_\_ My child may leave campus for dinner (teens only)  
 \_\_\_ Please order a summer show t-shirt for my child: (\$20)  
 \_\_\_ Child S \_\_\_ Child M \_\_\_ Child L \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL

**Program Choices**  
 (please check appropriate boxes)

\_\_\_ **Session One Musical**, ages 7-13 (\$800)  
*July 8-July 25, 2020*

\_\_\_ **Session Two Musical**, ages 7-13 (\$800)  
*July 13-August 1, 2020*

\_\_\_ **Session 1 & 2 Extended Day**, (\$25/wk)  
 Week1\_\_\_ Week2\_\_\_ Week3\_\_\_

\_\_\_ **Teen Musical**, ages 13-19 (\$800) *July 13 - August 8, 2020*

\_\_\_ **Audition Workshop**, ages 7 & up  
 (\$60/day) *June 29-July 3*  
 Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thurs\_\_\_ Fri\_\_\_

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

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

Deposit only enclosed \_\_\_  
 (\$100 deposit required to reserve your child's spot, non-refundable after May 1)

Full payment enclosed \_\_\_

Sibling Discount \_\_\_  
 (10% off each additional sibling)

Early Bird Discount \_\_\_  
 (\$25 off, must be postmarked by 2/16)

Request for payment plan \_\_\_

T-Shirt (\$15) \_\_\_

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: \_\_\_\_\_