TOWN OF BARRINGTON

Barrington Enrichment Summer Theatre

Session 1: June 30 – July 19 Morning/Afternoon Session 2: July 21 – Aug 9 Morning/Afternoon **Morning** 8-11am **Afternoon** 12-3pm (Lunch 11am-12pm) MONDAY THROUGH FRIDAY



CHILD'S NAME	AGE_	DOB	MFC)
ADDRESS		_HOME_PHON	E	
PARENT'S NAME		_CELL PHONE		
EMERGENCY CONTACT PERSON		PHONE		
PARENT'S EMAIL:	ACTOR'S	EMAIL:		
KNOWN ALLERGIES FOR YOUR CH	ILD			
ANY SPECIAL MEDICATION REQUIR	RED			
ANYTHING SPECIFIC WE SHOULD K	NOW ABOUT	YOUR CHILD_		
			_	
I, THE PARENT/GUARDIAN OF THE AL FOR HIS/HER PARTICIPATION IN AN BARRINGTON ENRICHMENT WIN' I ASSUME ALL RISKS AND HAZARDS I	YY/ALL ACTIVI TER THEATER	TIES DURING T R PROGRAM.	THE CURRENT	
INCLUDING TRANSPORTATION TO A	VD FROM SUCH	I ACTIVITIES, A	VD DO HEREBY	7
WAIVE, RELEASE, ABSOLVE, INDEMN INDIVIDUALS RESPONSIBLE FOR THE				ILD.
SIGNATURE				
PAF 3 WEEK SESSION: ½ DAY (M/A) - \$30	RENT/GUARDIA 00 FULL DAY-		X PROGRAM: \$	150
SESSION 1 : MORNING AFTERNOO	N <u>SESSIO</u>	N 2: MORNING_	AFTERNOON	
1 WEEK (FULL DAY): WK1_ WK2_	_WK3WK4(S2	W1)WK5(S2W2	2)WK6(S2W3)_	_
AMOUNT PAID \$ CH	IECK #	CASI	H \$	
Please make checks payable to "TOWN (Office, 283 County Road (401-247-1900)			•	ger's

NOTE: \$30.00 PROCESSING FEE FOR EARLY WITHDRAWALS NO REFUNDS AFTER THE CAST FOR THE PERFORMANCE IS SELECTED.

Photographs of your child participating in the program may be taken and used for promotional reasons. If you object to the use of your child's image, please submit this in writing for our records. Thank you.