

THEATER ENRICHMENT

WITH JENNIFER SIMPSON

AT KENAN CENTER TAYLOR THEATER



JULY 18 - JULY 22

9:00 - 2:00PM
ONE ACT PLAY

- ★ SET DESIGN
- ★ CHARACTER DEVELOPMENT
- ★ THEATER SKILLS & ETIQUETTE
- ★ COSTUME DESIGN

FINAL PERFORMANCE
ON FRIDAY, JULY 22ND, EVENING
*WHAT HAPPENS AFTER
ONCE UPON A TIME*

OPEN TO STUDENTS ENTERING
3RD - 6TH GRADES.

\$75 Kenan Members
\$90 Non Kenan Member

ONLINE REGISTRATION & PAYMENT IS AVAILABLE. PLEASE COMPLETE THE FORM BELOW TO REGISTER BY MAIL.

Child's Last Name	Child's First	Middle Init.	Date
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Cell Phone:
Birthdate			Home Phone:
Home Address			City, State Zip
Any information regarding your child we should know (i.e. allergies, medications, etc.)			
Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Names of Parents/Guardians			Parent Email Address
Emergency Contact Name & Relationship (Other than parent)			Phone #
Authorized people to pick up child (please have proof of ID to show for pick up):			

PROGRAM POLICIES

LATE REGISTRATION—Registration must be received seven (7) days prior to the start date of the program. Registrations received after that deadline will be assessed a late fee of \$15.00.

CANCELLATION—Requests must be made in writing at least seven (7) days prior to the first day of enrollment period. Each refund will be assessed one administrative charge of \$25.00. Fees will NOT be refunded for any reason after the program has started. Kenan Center has the right to cancel any session with prior notice due to COVID-19 state guidelines or due to low attendance.

ACCEPTANCE—There are a limited number of spaces.

PICK UP—Authorized people must be 18 years or older to pick up children from class.

WAIVER

I, the undersigned parent/guardian of _____ (child's name), do hereby grant permission to participate in any and all of the activities of the Kenan Center's KidQuest Program. I agree to be legally and financially responsible, and agree to hold harmless the Kenan Center and its officers, agents and employees, from any and all claims or actions arising against or in favor of my child or myself as a result of any act by, or event, occurrence, or accident, happening to my child. I hereby give my permission for photographs and/or videos of my child to be used in promotional and website materials in connection with this program and the Kenan Center.

_____ Parent Initial

For Office Use: Paid Date _____ Amount _____

Parent/Guardian Name (PRINT)

Signature