



Black Repertory Group, Inc. Summer Theatrical Day Camp Of The Arts 2017 Application

Step 1: Please print and complete both pages of the application.

Step 2: Call 510-652-2120 or email programs@blackrepertorygroup.com to schedule an appointment for a site visit and complete the enrollment process.

We are located at 3201 Adeline Street Berkeley, CA 94703

PARTICIPANT INFORMATION							
First Name		Last Name			Birth Date		
Address		City			Zip		
Phone				Email			
PARENT/GUARDIAN #1 INFORMATION							
First Name		Last Name			Birthdate		
Address		City			Zip		
Phone				Email			
PARENT/GUARDIAN #2 INFORMATION							
First Name		Last Name			Birthdate		
Address		City			Zip		
Phone				Email			
EMERGENCY CONTACT INFORMATION (must be over the age of 18)							
First Name				Last Name			
Relationship				Phone			
CAMP ENROLLMENT OPTIONS & FEES							
Please "X" which option you are enrolling your child into.							
PAYMENT SPECIAL – 10% OFF FULL PAYMENTS MADE BY 06/01/2017!!!!!!							
PAID AMOUNTS ARE NON-REFUNDABLE		3 DAYS A WEEK Tuesday, Thursday & Friday			5 DAYS A WEEK Monday – Friday		
Regular Hours	9:00 AM – 3:00 PM	\$550			\$750		
Early Bird	7:00 AM – 9:00 AM	\$60			\$100		
Later Bird	3:00 PM – 6:00 PM	\$90			\$150		
Extended Day	7:00 AM – 6:00 PM	\$675			\$950		
----- FOR OFFICE USE ONLY -----							
PAYMENT SCHEDULE							
Grand Total	\$	Amount Due	Date Due	Date Recv'd	Payment Type	Parent Initial	BRG Initial
Deposit	50 %		06/01/2017				
2 nd Payment	25 %		06/17/2017				
3 rd Payment	25 %		07/01/2017				
Parent Signature				<<<By signing you agree to the payment schedule as listed above.			



Session 1	June 19, 2017 – July 21, 2017 Camp Closed Tuesday July 4 th
Session 2	July 24, 2016 – August 21, 2016
Performances Daily: The children will be performing their personal adaptation of “The Wiz”	July 10, 2016 – August 18, 2016 10:30 AM & 1:00 PM
Red Carpet Gala	August 19, 2016 & August 20, 2016 : Time TBA
Field Trip Excursion	August 21, 2016 : Time & Location TBA

I, Parent/Guardian - Print Name authorize an agent of BRG Camp Supervisors and Directors to seek medical treatment for my child in an emergency.

Parent/Guardian Signature _____ Date _____

MEDIA RELEASE

I Parent/Guardian - Print Name authorize Black Repertory Group, Inc. (BRG) to use and reproduce: audio recordings, photographs, film, videotape and interviews taken of and/or with my child; to circulate for advertising and publicity purposes at the discretion of the BRG.

Parent/Guardian Signature _____ Date _____

I _____ Parent/Guardian - _____ Print Name authorize the following persons to pick up my child from BRG.
OR

I _____ Parent/Guardian - _____ Print Name authorize my child to leave on his/her own.

Parent/Guardian Signature _____ Date _____

FIELDTRIP PERMISSION

I _____ Parent/Guardian _____ Print Name _____ authorize my child to participate and attend the Annual Field Excursion with the BRG Theatrical Day Camp as listed above on this application. Understanding travel times and arrangements will be posted the first week of Session 2.

Parent/Guardian Signature _____ Date _____

I _____ Parent/Guardian - _____ Print Name will provide changes to contact information and authorizations as soon as possible and in writing.

Parent/Guardian Signature _____ Date _____