



Black Repertory Group, Inc.
 Summer Theatrical Day Camp Of The Arts
 2018 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 06/01/2018!!!!!!

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 %		06/01/2018				
2 nd Payment	25 %		06/15/2018				
3 rd Payment	25 %		07/06/2018				

Parent Signature	<<<By signing you agree to the payment schedule as listed above.
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CAMP CALENDAR : JUNE 18, 2018 – AUGUST 20, 2018

Session 1	June 18, 2018 – July 20, 2018 Camp Closed Wednesday, July 4th
Session 2	July 16, 2018 – August 20, 2018
Performances Daily:	July 10, 2018 – August 17, 2018 10:30 AM & 1:00 PM
Red Carpet Gala	August 18, 2018 & August 19, 2018 : Time TBA
Field Trip Excursion	August 20, 2018 : Time & Location TBA

PARTICIPANT MEDICAL INFORMATION & TREATMENT AUTHORIZATION

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 _____

Child's Name	Name of Insurance & Health Care Provider
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Policy #	Physician's Name
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Medication participant is taking _____

Medication is treatment for _____

Physical Restrictions _____

Allergies _____

Date of Tetanus Shot (within past 10 years) *Immunizations must be up to 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 _____

PICK UP AUTHORIZATION

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 _____

Name	Address	Phone
Name	Address	Phone

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 _____

CHANGES TO INFORMATION AND AUTHORIZATIONS

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

Parent/Guardian Signature _____ Date _____