



Summer Camp 2020 Enrollment Form
 Return to Florida Children's Theatre
 2542B East Sunrise Blvd, Fort Lauderdale, FL 33304
 Fax: 954-523-0507 Email: info@fctstar.org

Personal Information

Student _____

Entering Grade ____ Gender _____ Age ____

DOB _____ T-Shirt Size _____

School _____

Parent 1 _____

Parent 2 _____

Please specify special circumstances
 (Guardianship, divorce, etc)

Billing Address _____

City _____ State _____

Zip _____ Address is Parent 1 _____
 Address is Parent 2 _____

Parent 1 Phone _____

Parent 2 Phone _____

Student Cell _____

Other Phone _____

Parent 1 Email _____

Parent 2 Email _____

Student Email _____

Enrollment Information: Select Camp(s):

Summer Stage
(Campers entering grades 2-10)
\$895 per session
(50% non-refundable deposit required)

___ Session 1 (6/8-7/3) ___ Session 2 (7/6-7/31)

(Performances are 7/2 and 7/30)

Storybook Adventures
(Campers entering Pre-K to 1st grade, min. age 4)
\$295 per session
(50% non-refundable deposit required)

___ 6/8-6/12	___ 7/6-7/10
___ 6/15-6/19	___ 7/13-7/17
___ 6/22-6/26	___ 7/20-7/24
	___ 8/3-8/7

Camp Encore *(Campers entering grades 2-8)*
\$295 per session
(50% non-refundable deposit required)
 ___ 8/3-8/7

Payment Information

Please confirm multi-session/sibling discounts and/or
 scholarships before paying

Total Tuition: _____ **Deposit:** _____

___ **Pay in Full** ___ **Pay Deposit Only**
(Balance due in full by first morning of camp)

Please add an additional donation of \$ _____

Credit Card Authorization Form Attached _____

Check # _____ Attached for \$ _____

\$ _____ cash enclosed



TUITION CREDIT/DEBIT CARD AUTHORIZATION FORM

(all information required)

Student's Name: _____

Payment for: **Class/Camp Tuition** **Production Fee** **Tickets**
(Circle all that apply) **Production Extras** **Production Ad** **Donation**

Other _____

PAYMENT METHOD

(all major credit cards accepted)

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Security Code (3 digit code on back of card/4 on front of Amex): _____

I hereby authorize **FLORIDA CHILDREN'S THEATRE, INC.** to charge my credit card for full payment of all charges incurred by me and/or my child(ren).

Cardholder Signature: X _____

Date: _____

Complete form and email, mail, or fax to:

FLORIDA CHILDREN'S THEATRE

2542B East Sunrise Boulevard, Fort Lauderdale, Florida 33304

Fax: 954-523-0507 Email: melanie@flectstar.org