



**St. Peter's Players and Drama Camp
Children and Youth Registration**
"Malice in the Palace" Registration and Payment due
on or before June 8, 2024

Name of Child/Youth _____ Age _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Parent(s)' Name(s) _____

or Legal Guardian's Name _____

Business Phone _____

Emergency Contact _____

(If unable to reach parent/guardian) Name _____ Phone Number _____

Authorization for pick-up: _____

Name	phone number
_____	_____
Name	phone number
_____	_____
Name	phone number
_____	_____

OFFICE USE ONLY:

Payment Received: _____ **Date:** _____ **Amount:** _____

Parent/Legal Guardians: Please complete and sign:

_____ has my permission to attend St. Peter's Church Drama Camp of St. Peter's Episcopal Church in Cheshire Connecticut. I waive any claim against St. Peter's Church, Cheshire, CT and its approved leaders or sponsors. In case of a medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I the parent/legal guardian of _____, a minor, hereby authorize and give consent to the physician selected by the approved leader, sponsor or chaperone, to select proper treatment. I understand that every attempt will be made to contact my child's physician first.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name/relationship: _____

* Parental/Guardian Permission for release of pictures: *Please check the appropriate boxes and sign below.*

- slide show at cast party
- St. Peter's Church website
- social media such as: St. Peter's Church Facebook page

Parent/Guardian Signature: _____ Date _____

Payment Information

- AM only - \$75 per child
- Full day - \$125 per child

Scholarships available – contact Senior Warden Kim Clarke srwarden@stpeterscheshire.org or (203) 494-4615

- Make the Checks payable to St. Peter's Church.
- Please write "**Drama Camp**" in the memo portion of the check.
- **Payment is due at time of registration**
- Please attach the payment to the form.

Thank you.

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Background Check for Chaperones

In compliance with Connecticut State Day Camp Regulations and Safe Church Practices all chaperones must have a full background check. Your privacy is important to us, Reverend Sandra Stayner of St. Peter's Episcopal Church will be submitting the background checks and will be the only one privy to your personal information. Please detach and drop off at church office.

Name _____
First Middle Last

Address _____
Street Address Town State

Social Security # _____ Birthday ____ / ____ / ____