

# THEATRE HARRISBURG

## SUMMER THEATRE PROGRAM FOR CHILDREN

**JULY 15-19 & JULY 22-26**

Theatre Harrisburg's Summer Theatre Program for children offers an experience for students, going into 3rd grade through 8th grade, a fun, interactive environment that will create an extraordinary theatre experience that will educate, challenge, and inspire young people and their communities.

Our goal is to stimulate positive social change by empowering and connecting young people from diverse cultural and socio-economic backgrounds, creating a new expression of community, and enriching their lives and those of their families and communities, through exemplary performing arts instruction and youth development programming. Theatre Harrisburg provides a unique venue for young people to exercise their imaginations and grow in wonderful and unexpected ways. We hope your family will join us this summer! Together we will make a dramatic difference and have a positive impact in the lives of our children by offering the ultimate learning experience for anyone interested in the world of theatre.

For questions call 717-232-5501 or [email@theatreharrisburg.com](mailto:email@theatreharrisburg.com).

*Make checks payable to Theatre Harrisburg and mail to:*

*513 Hurlock Street*

*Harrisburg, PA 17110*

### SCHEDULE

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#### **Going into 3rd – 5th Grade**

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July 15 – 19

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Morning Session (9AM-12PM) \$250

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Afternoon Session (1PM-4PM) \$250

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#### **Going into 5th – 8th Grade**

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July 22 – 26

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Morning Session (9AM-12PM) \$250

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Afternoon Session (1PM-4PM) \$250

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## 2019 THEATRE HARRISBURG SUMMER THEATRE PROGRAM REGISTRATION

Child's Name _____		Child's Age _____
Most recent grade completed _____	School Name _____	Birthdate ____ / ____ / ____
Parent/Guardian Name(s) _____		
Home Phone _____	Cell Phone _____	Work Phone _____
E-mail Address _____		
Mailing Address _____		
City _____	State ____	Zip _____
Emergency Contacts / Individuals Authorized to pick up child from rehearsal		
Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
Food Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Medical Concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Family Doctor:	_____	Phone: _____

**PLEASE READ CAREFULLY**

I give permission for my child to participate in Theatre Harrisburg's SUMMER THEATRE PROGRAM

I give permission for still or video pictures of my child to be taken and used for promotional purposes.

I give permission for photos of my child to be placed on Theatre Harrisburg website and social media pages.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date