



MAIL TO:

South Shore School of Theatre
Eastern Nazarene College
Cove Fine Arts Center
23 E. Elm Avenue
Quincy, MA 02170

(617) 653-2460

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info@southshoreschooloftheatre.com

SUMMER VACATION RETURNING STUDENT Registration Form

Child's Name: _____ Age: _____ Program: _____

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Any changes to address, phone number, medical information: _____

Program Choices

(please check appropriate boxes)

_____ **Junior Musical Theatre**, ages 7-9 (\$700)
June 27-July 20, 2019 (no camp July 4 or 5)

_____ **Youth Musical Theatre**, ages 10-12 (\$700)
July 8-July 27, 2019

_____ **Youth/Junior Extended Day**, (\$25/wk)
Week 1 _____ Week 2 _____ Week 3 _____

_____ **Teen Musical Theatre**, ages 13-19 (\$700)
July 8-August 3, 2019

_____ **Tech Week-long Workshop**, ages 12 & up (\$200)
June 19-June 25 (Wed, Thurs, Fri, Mon, Tues)
Enrollment in Teen Musical Theatre program not required

_____ **Teen Internship**
Must fill out separate internship application

Please make checks payable to:
South Shore School of Theatre

Payment Information

(please check appropriate boxes)

**** Returning students are not required to pay until the first day of class. However, if the student drops the class before its beginning and no payment has been made, a \$100 fee will be added to any future enrollments.**

Deposit only enclosed _____
(\$100 deposit required to reserve your child's spot)

Full payment enclosed _____

Sibling Discount _____
(10% off each additional sibling, limit of 4)

ENC Employee Discount _____
(10% off each student of current ENC Employees)

Early Bird Discount _____
(\$25 off- must be postmarked by 2/20)

Request for payment plan _____

Referral Discount _____
(\$25/child, please list name of child who referred you and they receive \$25 of their tuition)

Returning Teen Internship Application:

NAME: _____ Age: _____

PREFERRED POSITION: (See teen internship form online) _____

WEEKS AVAILABLE: (please circle)

Week 1

Week 2

Week 3

Week 4

Parent Signature _____

Date _____