



Chicago Kids Company Summer Theater Camps Application: 2019!

New Camper:

Returning Camper:

Today's Date: _____

Name of Camper: _____ Age: _____ Male Female

Name of Parent: _____

Best Phone Number to reach you during camp hours: _____

Mailing Address: _____



CKC Summer Theater Camps 2019			✓ Please check one:
AGES 6-9	Jr. MUSICAL THEATER CAMP--One Week July 15-19, 2019. 10-2pm Weekdays only	\$200	<input type="checkbox"/>
AGES 10-17	MUSICAL THEATER CAMP--Two Weeks July 22 thru Aug. 2, 2019 10-3pm Weekdays only	\$500	<input type="checkbox"/>

PLEASE MAKE ALL CHECKS PAYABLE TO CHICAGO KIDS COMPANY.
Send application and payment to: Chicago Kids Company, 4124 N. Nashville, Chicago, IL 60634
Call the CKC office to apply over the phone and pay your tuition with a Debit or Credit Card.
Camp tuition is fully refundable up to 2 weeks prior to the first day of Camp.

Additional Emergency Contact Name and Phone #: _____

Does your camper have an allergies we should know about? _____

Is your camper currently taking any medications? _____

(For Office Use Only)

Amount Paid:	Cash:	Check #:
Date:	VISA/MC:	