

YPTC 2023 SCHOLARSHIP APPLICATION

Harbor Playhouse is committed to making theatre accessible to everyone in the community. We understand that summer camps are expensive, but we don't believe that should make the experience unavailable to certain students. Through a generous donation to Harbor Playhouse from Buccaneer Commission there are a limited number of scholarships to offer families in need of financial assistance.

***Required**

NOTE: Please do not call the Harbor Playhouse to inquire about the results of scholarship selections. You will be notified of your scholarship if approved.

1. Please explain in 1000 CHARACTERS or less why you are seeking financial assistance. *

Include the number of family members in the household, the number of children wishing to attend YPTC, special circumstances, such as high medical bills, unemployment, single household income and any other pertinent information. This information will be kept confidential.

2. To be considered for a scholarship, you must provide proof of qualification of SNAP Benefits or email Last Year's Tax Return. *

Proof of Qualification or Tax Return must be emailed to dora@harborplayhouse.com. Scholarship applications submitted without this will not be considered.

Mark only one oval.

- I am providing proof of qualification for the SNAP Program.
- I am providing in my last year's Tax Return.

SUBMISSION DEADLINE

All applications must be received by the Harbor Playhouse ASAP as we have limited funds and spaces available. This includes Proof of Qualification or Tax Return. Scholarship recipients will be contacted as soon possible only if your scholarship is approved.

3. I certify that the information contained herein is true and complete to the best of my knowledge. *

Mark all that apply.

- I Agree

SCHOLARSHIP SESSION APPLICATION

Harbor Playhouse 2023 YPT Camp is open to students ages 6 - 15. All experience levels welcome!

4. Which session(s) are you registering your child?

When registering your child for camp, you only need to fill out one form per child for the entire summer. If you are only registering your child for one session, just select the correct session below. If you are enrolling in more than one session, select the sessions you wish for your child to attend.
Mark all that apply.

Session 1 (June 5 -9) Pirates and Princesses

5. Mark all that apply.

Session 2 (June 12-16) Summer Vacation

6. Mark all that apply.

Session 3 (June 19-23) Hooray for Hollywood

7. Mark all that apply.

Session 4 (June 26-30) Broadway Dreams

8. Mark all that apply.

Two Week Summer Intensive (July 3rd – July 14th) **Age Group 9 – 15 only)

CAMPER INFORMATION

9. Camper's First Name *

10. Camper's Last Name *

11. Camper's Age *

12. **Camper's Gender ***

Mark only one oval.

MALE

FEMALE

13. **Camper's Date of Birth ***

Example: 15 December 2012

14. **Camper's T-Shirt Size ***

Mark only one oval.

YS

YM

YL

S

M

L

XL

15. **Camper's School ***

16. **Camper's Grade Level in Spring 2023 ***

Skip to question 20.

PARENT INFORMATION

PARENT/GUARDIAN 1

17. **First Name ***

18. **Last Name ***

19. **Phone Number ***

20. **Email Address ***

21. **Employer**

22. **Business Phone**

23. **Home Address ***

24. **City ***

25. **Zip ***

PARENT/GUARDIAN 2

26. **First Name**

27. **Last Name**

28. **Address**

If different.

29. **Phone**

Cell or Home

30. **Email**

31. **Employer**

EMERGENCY CONTACT

32. If Emergency Contact is the same as parent, you do not need to fill this section out.
Mark only one oval.

Same as Parent

33. **First Name**

34. **Last Name**

35. **Relationship**

36. **Phone**

Cell or Home

37. *Mark only one oval.*

Same as Parent

38. **NOTE: PARENTS/GUARDIANS WILL BE REQUIRED TO SIGN YOUR CHILD IN AND OUT EVERY DAY. A CHILD WILL NOT BE ALLOWED TO ENTER OR LEAVE THE BUILDING WITHOUT AN AUTHORIZED ADULT. ***

Please plan for this in the time allotted in dropping your child off or picking them up.
Mark all that apply.

I Agree

Authorized Pick-up

Other than parents/guardians listed above, the following individual has permission to sign out-and pick my child up from YPTC. If more than one, please separate names with commas.

39. **Name**

40. **Relationship**

Skip to question 44.

BEFORE AND AFTER CARE

****NOT INCLUDED IN SCHOLARSHIP****

Once you have been approved you can make payment online at www.harborplayhouse.com

41. **Are you registering for Before Care? (7:30-9:00AM) ***

Not Included in Scholarship

Mark only one oval. Yes, I would Like Before Care No, I do not need Before Care42. **Are you registering for After Care? (4:30-6:00PM) ***

Not Included in Scholarship

Mark only one oval. Yes, I would Like After Care No, I do not need After Care*Skip to question 46.***RELEASE AND WAIVER**

By completing this form, I understand that participation in any programs at the Harbor Playhouse may expose students to activities and equipment which could cause accidents and injuries. In consideration of student's acceptance into the Harbor Playhouse Young People's Theatre Camp, I hereby release, waive, discharge, indemnify and hold harmless the Harbor Playhouse, its owners, directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above-named student resulting from participation in any class, program, play or other activity either at the Theatre or at another location including any damage, loss or injury resulting from any failure to abide by the rules as explained to student by the Harbor Playhouse staff upon onset of activity.

With a child's registration in class, Parent/Guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.)

HEALTH CARE AUTHORIZATION

I hereby authorize the Harbor Playhouse employees to do any act which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedure by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. I understand that I am responsible for all costs and expenses of such medical treatment.

43. **I HAVE READ THE ABOVE WAIVER AND CONDITIONS OF PARTICIPATION AND RELEASE LIABILITY AND BY CHECKING THE BOX BELOW, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE THE HARBOR PLAYHOUSE AND ITS EMPLOYEES FROM LIABILITY AND PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORSEEABLE NEGLIGENCE, I CERTIFY THAT I HAVE FULL AUTHORITY TO AGREE TO THIS RELEASE AND AUTHORIZATION. ***

Tick all that apply. I Accept

44. **By checking the box, I know and acknowledge that payment for 2023 Harbor Playhouse's YPT Camp must be paid via www.harborplayhouse.com or over the phone no later than one week prior to the first day of camp for the session my child will attend**

Mark all that apply. I Agree

ALLERGIES AND MEDICATION

It is our goal that every camper can feel safe, secure and well cared for in the day camp setting. If your child has a medical condition or food allergy that the camp needs to accommodate, please make the camp staff aware of those needs below.

45. **Please list any medication your child is currently taking or any known allergies ***

If none, please put "N/A"

EXTRA INFORMATION

Wacky Wednesday we will be wearing wacky socks, bright colors, and fun hair dos! Friday is our camp performance at 3:30 P.M.

-ALL CAMPERS WILL PARTICIPATE IN DAILY ACTIVITIES.

WHAT TO BRING - EVERY DAY:

- Lunch and snack. No microwavable lunches, please.
 - Notebook and pencil.
 - Appropriate dance clothing and closed toed shoes.
 - Water bottle labeled with student's name
 - NO CELL PHONES OR OTHER ELECTRONICS
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