



SCC Theatre Kidz!

Church of St. Peters Parish Center

“Summer in the Spotlight 2025”

We are providing two camps this summer, limited to ONLY 15 - 20 students.

We provide a non-threatening and supportive environment to enhance the personal growth, self-esteem and self-expression of young people.

ACT 1 - “Swiftie” Camp (ages 7-10)

For the camper who wants to learn to act, sing and dance like Taylor Swift.

Tuition: \$175.00

July 14 - 18th 10:00 - 3:00pm

ACT 2 - “Matilda, Jr” (ages 10-15)

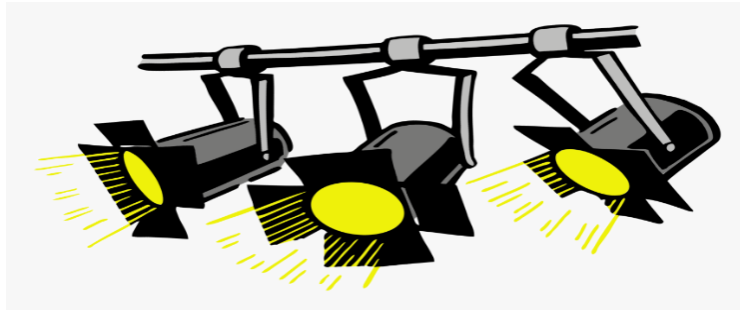
For the camper who wants to learn musical theatre acting skills, vocal techniques and Broadway dance.

July 21 - August 8 9:30 - 3:00pm

Tuition: \$425.00

Limited to 15 - 20 students ONLY! To ensure a spot, please email, text or call Pat

Pat Douglass, Director pdouglass@saratogacatholic.org (518) 573-4346



SCC Theatre Kidz! (SCCTKz!)

Director: Pat Douglass

(SCC Music and Drama Teacher)

pdouglass@saratogacatholic.org 518 573-4346

REGISTRATION FORM

REGISTER by: June 1st

Name of Student: _____ Age. _____

Parent Name: _____

Address: _____

Phone: _____ E-mail: _____

****Please make checks payable to Pat Douglass, Director of SCCTKz! and send to:***

***Pat Douglass
420 Route 32 North
Schuylerville, NY 12871***

Please carefully read ALL the following pages. Pages 1, 2, 3,4 MUST be completed and included with your check!

Thank You ***SCCTKz!*** (1)

SCCTKz! 2025 Participation Agreement

Programs: Check off the camp/camps of your choice:

ACT 1 "Swiftie Camp" (July 14- 18)

ACT 2 "Matilda Jr." (July 21- Aug 8)

Student's Name: _____ Parent Name: _____

Parent phone#: _____ E-mail: _____

SCCTKz program requires all children to wait inside the building for a parent/guardian to pick them up or walk out to your vehicle with a counselor. Parents, please enter the building to pick up your child.

VIDEO/PHOTO RELEASE

I, _____ (parent name) hereby grant SCCTKz, the right to use photograph(s), video(s), or interview quotes(s) of _____ (child's name) for the purpose of promoting and/or advertising the program.

(parent/guardian signature).

MEDICAL RELEASE

The above named child is in good health. In the event of a minor illness or injury, I grant my authorization and consent for a designated SCCTkz adult to administer general first aid treatment for minor injuries or illnesses. In the event that I cannot be reached for an emergency requiring medical attention, I hereby grant permission to SCCTKz adults to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise the best judgment upon the advice of medical or emergency personnel.

Parent/guardian signature: _____

Emergency Name and Phone: _____

Minor Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____

Medical Information:

Primary Care Physician Name: _____ Phone #: _____

Medical Insurance Provider: _____ Policy #: _____

Medications: _____ Allergies: _____

Medical Conditions for which the minor is receiving treatment:

Other pertinent medical information: _____

Thank you! SCCTKz! (2)

SCCTkz! POLICIES & PROCEDURES

Behavior Policy & Procedures

Here at SCCTkz, we believe that we can provide a non-threatening and supportive environment to enhance the personal growth, self-esteem and self-expression of young people. In order to maintain this safe environment, inappropriate behavior and constant discipline problems cannot be tolerated. It is our hope that we, the staff, at SCCTkz can resolve such behavior issues to avoid having to remove a child from the program.

Cell Phone Policy & Procedures

The use of cell phones has become an increasing troublesome issue in schools and in camps. We rely on these to the point that it becomes a distraction, especially for children. We are certainly not opposed to children having them as it is a means for parents to know exactly where they are. But, with that said, we strongly recommend leaving them at home.

For those parents that choose to have their child bring their cell phone, we ask that each child only use the cell phones during breaks or lunch. They will be collected. If you must get a message to your child or speak to them, I encourage you to call Pat Douglass, SCCTKz Director, at any time. 518-573-4346.

**Please note that SCCTkz is not responsible for the theft, loss, damages, or charges to a cell phone that is brought to the program.*

Dress Code Policy & Procedures

SCCTkz prohibits both Staff and Children from wearing clothing, jewelry, or other personal articles that promote profanity, violence, or the use of tobacco, drugs or alcohol. We also insist that clothing that reveal underwear, cleavage, bare skin of the upper chest and mid-thigh not be allowed. Also, clothing that is too tight or too loose is not allowed as it makes it difficult to move freely. Please, no bare feet, slippers, flip flops or open toed shoes.

We encourage children to wear comfortable clothing. Shorts, yoga pants, leggings, are allowed.

If a child wears inappropriate clothing and violates the dress code, the parent/guardian will be notified to bring other clothing if none is available.

Thank you! SCCTKz!

SCCTKz!

AGREEMENT Signature/s

I/We, have read and understood all the information, including the registration form, the participation agreement, the *SCCTKz!* policies & procedures and have filled out all necessary forms. My signature here indicates my acceptance of said paperwork.

Parent/s

Signature: _____

Date: _____

Thank You! *SCCTKz!*