



VOICE THEATRE

www.VoiceTheatre.org

P.O. Box 353, Bearsville, NY, 12409

Studio: 917 494 6273 Box Office: 845 679 0154

Parent Information Form

Please read both pages and sign at the bottom of page two.

If your child has a behavioral issue we need to know. Theatre is a collaborative experience and depends on group cohesiveness, constructive play and respect. If we feel there is a behavior issue that negatively impacts the health and collaborative nature of the group we withhold the right to ask students to leave the workshop. If we feel that negative behavior is present we will contact you immediately.

Contact VT if your child will be late or absent; to arrange for last-minute pick-up; in the case of an emergency or if you have any questions or concerns. Shauna can be reached during non-workshop hours on: (845) 679 0154.

CHECK-IN/PICK-UP

Parents and caregivers must drop-off students between **9:45-10:00am** in the lobby of the **Bethany Hall, 272 Wall Street, Kingston, NY**. A VT staff member will be waiting at the entrance to the school. You **MUST** walk students to the door and check them in with the staff member.

IMPORTANT: Do **NOT** drop off students before **9:45am**; VT staff will not be available to supervise. If you are running late and will arrive after **10:00am**, please call and leave a message for Shauna. Once you arrive, you **MUST** bring your child to the theater lobby, located in the front of the building. Activities will **NOT** be delayed due to late arrivals.

IMPORTANT: You **MUST** pick your child(ren) up by **3:00pm**. Additional fees may apply to cover staff time.

If your child will be picked up by anyone other than yourself, or the person named on the parent information form, you **MUST** provide a note, at the time of check-in, indicating who will be picking up your child(ren). VT will **NOT** release your child(ren) to anyone other than you or the person named. In the case that you have to arrange for someone else to pick up your child(ren) after the time of check-in, you **MUST** call Shauna as soon as possible and provide his/her name and contact information.

LUNCH

Every student **MUST** bring lunch and beverages in a paper bag or lunch box every day. Please label your child(ren)'s lunch and beverages with his/her name. VT can refrigerate lunches. Please include any dietary restrictions or allergies on your child's medical form to ensure their well-being. If, for any reason, you do not want your child(ren) to accept snacks or beverages provided by VT, please note that on his/her medical form.

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Students **MUST** wear socks, sneakers and comfortable clothing that will allow them to move freely; students will be on their feet for the majority of the day. Flipflops, short shorts and loose sandals are not allowed.

ABSENCES

If your child is unable to attend please call VT as soon as possible and leave a message for Shauna. If it is a planned absence then let us know in advance. We cannot offer full or partial refunds if your child is absent, there are no exceptions.

ILLNESS

Please do not send your child to the workshop if he/she is ill. If VT and any of its associates feel that your child is too sick to participate in workshop activities, you will be called to pick him/her up immediately. VT has a mandatory contagious disease policy: a child will be required to remain out of the program until we have a doctor's note on file stating that your child is no longer contagious. Should a medical emergency arise, emergency personnel will be called and you will be contacted immediately.

CULMINATING EVENT

Parents will be invited to attend a culminating event July 19th at 6:00pm. More details will be announced.

REFUND POLICY

As stated on the payment form: Payment must be made in full in order to register your child or children; deposits will not be accepted. Refunds for enrollment will be authorized until **June 1st 2026**. A \$25 administrative fee will be deducted from all refunds. Refunds will **NOT** be authorized after **June 1st 2026**; there are no exceptions.

CHECK LIST

- * Submitted Registration Form and Payment
- * Submitted and Signed Permission and Liability Waiver
- * Submitted and Signed Medical Waiver Form

I have read the above information and agree to register my child(ren) in the VT Summer Youth Workshop and I agree to follow the above rules and regulations.

Name

Date
