



TO COMPLETE OFFLINE REGISTRATION, READ CAREFULLY AND SIGN THE APPROPRIATE AGREEMENT BELOW:

If my child is chosen in the Wilton Children's Theater ("WCT") lottery, I agree that he/she will attend **ALL** required workshops, auditions, rehearsals and all performances in their entirety. An unexcused absence from rehearsal will result in a strike in accordance with WCT's three strike policy. Repeated absences may result in my child's role reassignment and/or expulsion from the show.

I understand auditions will occur based on the schedule below and will be held at **MIDDLEBROOK AUDITORIUM**. My child will be asked to attend the audition. At the discretion of the director my child *may* be asked to attend a callback session. A missed audition and/or callback will result in role assignment at the discretion of the director.

Fall Auditions (Middlebrook)	Tues. 9/12/17	4:30-7:30 pm
	Wed. 9/13/17	4:30-7:30 pm
Fall Callbacks (Middlebrook)	Fri. 9/16/17	4:30-7:30 pm
Fall Rehearsals begin:	Tues. 9/19/17	4:30-6:30 pm
Winter Auditions (Middlebrook)	Tues. 12/05/17	4:30-7:30 pm
	Wed. 12/06/17	4:00-7:00 pm
Winter Callbacks (Middlebrook)	Fri. 12/08/17	3:45-6:00 pm
Winter Rehearsals begin:	Wed. 1/03/18	4:30-6:30 pm

All children will be e-mailed notification of acceptance into program by 12 pm. Friday 9/8/17.

All children who have auditioned will be notified of their part via phone by **the end of the weekend** following their audition.

PARENT AGREEMENT

I understand that parent participation on the production staff is **MANDATORY** and I will volunteer to help. I understand that, if I do not help with the production, my child may be removed from the program with **NO REFUND** of the program fee. I **HAVE READ THE WCT REFUND POLICY, CODE OF CONDUCT, DISCIPLINE POLICY AND HEALTH FORMS**. I will sign the code of conduct, discipline policy and health forms that will also accompany my child's e-mailed acceptance letter and return them to WCT at my child's audition.

I have read the WCT refund policy and will read and sign the code of conduct, discipline policy and health forms that will accompany my child's emailed acceptance letter and return them to WCT on the first day of the program. My child will not be able to audition unless WCT has all of these signed forms.

Parent Signature: _____

STUDENT STATEMENT

If my name is chosen in the WCT lottery, I agree to accept the part for which I am selected by the professionals during my auditions. I agree to attend **ALL** required workshops, auditions and rehearsals and all performances in their entirety. I understand that if my behavior is unacceptable by WCT, I will be asked to leave the program with **NO REFUND** of the registration fee.

Student Signature: _____



2017-2018 Registration Form

Please complete and submit this form along with a check in the amount of **\$400.00** per student registering (**payable to Wilton Children's Theater**) during scheduled registration. Partial and/or Full Financial Assistance Scholarships are available on an individual basis.

STUDENT _____ GRADE (as of 9/2017) _____ SEX: M or F
ADDRESS _____ PHONE _____ EMAIL _____
PARENTS' NAMES _____

Answer carefully! Circle ONE production for which your child is available. Each production will rehearse for approximately ten weeks, up to three days per week. A change in production choice will not be permitted after the registration closes on 9/7/17. **Please note times and days. Please circle below the show for which you would like to register your child.**

**FALL Production: *Willy Wonka.* Tuesday, Wednesday & Friday 4:30-6:30 pm
Fall Performance dates: November 17 @ 7:00 pm, November 18 @ 4:00 pm and November 19 @ 2:00 pm**

**WINTER Production: *Oliver!* Monday, Wednesday & Friday 4:30-6:30 pm
Winter Performance dates: March 16 @ 7:00 pm, March 17 @ 4:00 pm and March 18 @ 2:00 pm**

***Due to school holidays or snow, some rehearsals may be scheduled on other days of the week. During the last week of rehearsal for each production, rehearsal times will be every weekday from 3:30-8:30.

*** If you are interested in applying for financial assistance (partial or full), you must submit a letter explaining your need, on or before 10 a.m. on Friday September 1st, to Robin Allen at info@wiltonchildrenstheater.org.

Parents registering more than one child:

Please note that lottery results are **NON-TRANSFERABLE**. If you have two or more children registering, check the appropriate line below to reflect if they are to be treated **INDEPENDENTLY** or **TOGETHER** for Lottery Purposes (any questions or concerns about the treatment of siblings should be addressed before this form is completed as preferences cannot be changed after the lottery is conducted)

_____ Consider each child independently

_____ Delete all siblings from this program in the event one is not selected via lottery

Publicity for Wilton Children's Theater

Your child's picture may appear on the Wilton Children's Theater website, our local newspapers or in other promotional literature. If you agree your child's picture may appear on any of these venues please sign below.

Parent Signature: _____

***If my child is not selected through lottery, I would like my check returned to me __Y__N or it is acceptable for WCT to shred the check __Y__N**