

# *Silver Penny Theatre Company*

*"We're Serious About Having Fun"*

June 2007

Dear Parents,

Thank you for registering for the Silver Penny Summer Theatre Program. We look forward to working with each of your children, helping them to build skills and community and to have fun along the way. We're hard at work preparing now so that in a few weeks your child will have a magical time, filled with excitement, energy and a sense of well being.

We've enclosed an information sheet that includes contact numbers, schedules, what to wear, what to bring and what to expect. We've also included information about prepaid and daily rates for extended day care. And we've attached mandatory medical forms and signature pick-up forms that will need to be filled out and **returned before June 18<sup>th</sup>**.

If you have any questions, please feel free to call me, or our administrative assistant, Stacy, at 410-704-3503.

Thanks again.

All my best,

*Tom*

Tom Casciero

Program Director  
Associate Professor  
Towson University

P.S. – If you misplace the forms, just go to our website and click on the registration page <http://wwwnew.towson.edu/silverpenny/onlinepacket07.html> and you'll find that you can easily download them as a PDF.

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## FACT SHEET

**LOCATION:** Towson University Center for the Arts  
Osler Drive and Cross Campus Drive  
Enter from Osler just after Shepard Pratt and just before St. Joe's Hospital

**DATES:** Session 1: June 25 - July 6, *"Metamorphosis"* (No class July 4th)  
Session 2: July 9 - July 20, *"Arts Revolution"*

**TIMES:** 9:00 a.m. - 4:00 p.m.  
Drop off between 8:50 - 9:00 am and pick up between 4:00 - 4:10 p.m.  
Extended Care Available: 7:30 - 9:00 a.m./4:00 - 5:30 p.m.

**AGES:** 8 - 14 Years Old. Age appropriate groups: ages 8-10/10-12/12-14

**CLASSES:** Acting/Creative Drama, Playwriting, Theatre Games, Improvisation and Comedy, Musical Theatre, and Enrichment Classes.

**FORMAT:** Groups of about 16-18 students, each group rotates through each subject daily. Enrichment in afternoons. Counselors rotate with one group all day.

**LUNCH:** Please bring a bag lunch and drink in a thermal bag (we have a few extras if you need one). There are water fountains available, but some children may need an extra bottle of water. Younger children are encouraged to bring a snack for the mid-morning break.

**CLOTHING:** We ask that children wear active wear - shorts or loose pants and a tee shirt - so that they can move freely. Tennis or sport shoes are required. No sandals or flip-flops. Jewelry other than watches is discouraged, as are video or handheld games. We prefer to focus on creativity.

**OPEN HOUSE** - On the first day of each session, you are invited to join us for coffee, bagels and donuts at 8:45 a.m. You can take a look at the beautiful air-conditioned spaces and we will introduce the staff, meet old and new friends and answer any questions.

**CELEBRATION** - On the last day of each session, you are invited to join us as your children present their scenes, skits, songs and dances. We start at 4 pm and run for about 75 minutes, so take off work for some fun play!

**EMERGENCY CONTACTS** - In case of emergency contact one of the following people in this order:

Matthew Bowerman	Onsite Director	443-739-6786
Tom Casciero	Program Director	410-499-7530
Towson University	Theatre Dept.	410-704-2792
Towson University	Police Dept.	410-704-2133

**SILVER PENNY CONTACTS**  
**Phone:** 410-704-3503  
**E-mail:** silverpenny@towson.edu

**Web Site:** [wwwnew.towson.edu/silverpenny](http://wwwnew.towson.edu/silverpenny)

In Cooperation with Towson University Theatre Department & KidsCampus



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## *Medical Consent Form*

Please complete and sign the following form and **return by June 18, 2007.**

### GENERAL INFORMATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (pager) \_\_\_\_\_

(e-mail) \_\_\_\_\_

### EMERGENCY CONTACTS

If an emergency arises, list two people who can be notified.

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PHYSICIAN INFORMATION

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### MEDICAL INFORMATION

Does the applicant have any known sensitivity to food or medication?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list all the foods and/or medications:

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Is the applicant taking daily medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, for what medical condition: \_\_\_\_\_

Will any medications need to be administered while at the program?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, we will need a medicine dispensary form by the first day of the session your child will attend (this form is available from your physician).

Does the applicant have any physical disability or recurring illness that might affect or impair participation in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Does the applicant have any ongoing diseases? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Is the applicant covered by medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**PARENTAL CONSENT FORM  
FOR THE TREATMENT OF MINORS IN CASE OF ILLNESS OR ACCIDENT**

Parental permission must be obtained before medical treatment can be rendered to persons less than 18 years of age. A parent or guardian must sign the following consent form so that indicated care might be given without unnecessary delay. No major procedures will be performed, except in extreme emergency, without parents being notified and fully informed. In the event that the parent does not want treatment rendered under any circumstances, they should cross out the word "GIVE" on the form below and insert the word "REFUSE." If the form is not signed, it will be interpreted as a refusal of permission.

I GIVE MY PERMISSION TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THERAPEUTIC PROCEDURES AS MAY BE NECESSARY FOR MY SON/DAUGHTER. I PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT AND BY ONE OF THE LOCAL HOSPITALS IN THE EVENT THAT MY SON/DAUGHTER HAS BEEN SENT OR TAKEN THERE FOR EMERGENCY CARE.

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Silver Penny Summer Theatre Program

## Authorization For Pick-up of Child

Child's Name: \_\_\_\_\_ Session#: \_\_\_\_\_

**Pick-up time is 4:00 – 4:10 p.m.** each day that the program is in session. Children picked up after this time will be charged for Extended Day.

We normally ask that you park in the lot next to the building and walk to the door to sign out your child. However, the university parking services has recently changed their policy and we will have to email you the results

**Permission:** The following persons are hereby authorized to pick up my son/daughter from the 2007 Silver Penny Summer Theatre Program at the Center for The Arts at Towson University.

### 1. Parent/Guardian Signature

Mother's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Father's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Signature: \_\_\_\_\_

### 2. Additional Authorized Persons

◆Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Above Named Person \_\_\_\_\_

◆Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Above Named Person \_\_\_\_\_

**3. Walking Home:** I give my permission for my child to walk home unescorted from the Silver Penny Theatre Program at the Center for The Arts on Cross Campus and Osler Drives on the campus of Towson University.

Parent/Guardian Signature: \_\_\_\_\_

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## *Extended Day Program*

The Summer Theatre Program offers parents several options for an extended day for their children who need to be dropped off early or picked up later than the program hours. The fees for extended day must be paid with the registration and are non-refundable after the program begins.

In the Extended Day Program, you will need to escort and pick up your child, personally, from the before/after care center.

If your child does not eat breakfast, please make certain you send a breakfast, snack and lunch with your young person.

If you drop off your child prior to 8:45 or pick them up after 4:10, you will be charged for Extended Day at the Daily Rate.

### **Pre-paid Basis**

A.M. Session	7:30 – 9 a.m.	\$40.00
P.M. Session	4:00 – 5:30 p.m.	\$40.00
A.M. <i>and</i> P.M Sessions		\$80.00

### **Daily Rate Basis**

You may find that you occasionally need to make use of the extended day option as unexpected events crop up. You may do so at the daily rate listed below.

A.M. Session	7:30 – 9 a.m.	\$5.00
P.M. Session	4:00 – 5:30 p.m.	\$5.00

### **Late Fees**

Extended Day options **end promptly** at 5:30 p.m. You will be charged for late pick-up after 5:30 p.m. Please avoid this; it is a long day and we all have other commitments.

Pick charges up after 5:30 p.m. - **\$1 per 1 minute**

**IF YOU ARE INTERESTED IN THE EXTENDED DAY OPTIONS AND HAVE NOT YET ENROLLED, PLEASE CALL US AT 410-704-3503 TO REGISTER.**

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And KidsCampus**