



Camp Shakespeare

Home School Week

PRESENTED BY:

GEORGIA SHAKESPEARE

Elementary School Students, aged 7-12

Monday-Friday, February 20th – February 24th, 2011

Mornings from 10:00 – 2:00

Tuition: \$135

**Lunch Break provided; campers bring their own lunch*

Camper's Name: (one child per form) _____

Home Address: _____

Street

City State Zip

Phone: _____

Current Grade (circle) 2 3 4 5 6

2nd Phone: _____

Home School Group: _____

Email: _____

Date of Birth: _____

Guardian Name(s): _____

Guardian Address: (if different from camper) _____

Street

Work Phone: _____

City State Zip

Emergency Contact: _____

(Alternative to adult(s) listed above)

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Carpool:

My child may be dropped off and/or picked up by the following drivers in addition to those listed above:

Name: _____

Phone: _____

Name: _____

Phone: _____

Experience of Camper:

List Shakespeare titles you are familiar with:

List acting classes you have taken:

List productions you've appeared in:

Questions?

Call Allen O'Reilly, Education Director: 404-504-3401

Email: allen@gashakespeare.org

Mail this application and completed health form with full tuition payment of **\$135** to
Georgia Shakespeare, care of Allen O'Reilly, Education Director.
includes \$25 non-refundable processing fee in case of cancellation

If using a credit card:

Name on card: _____

Card Number: _____

Circle: Visa Mastercard AmEx Discover

Expiration Date: _____

3-digit number on back: _____

**Address: Georgia Shakespeare at Oglethorpe University
4484 Peachtree Road, NE
Atlanta, GA 30319**



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HEALTH AUTHORIZATION FORM

Please list allergies, physical limitations or any other medical concerns:

Prescription Medication Authorization: (Please Initial)

(This section should only be filled out for those children who are prescribed on medication)

_____ Yes, Georgia Shakespeare is authorized to administer my child the following medication:

Medication: _____

Dosage: _____ Time of Dosage: _____

Non-Prescription Medication Authorization: (Please Initial YES or NO)

_____ Yes, Georgia Shakespeare is authorized to administer my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as “Benadryl” and “Tylenol.”

_____ No, Georgia Shakespeare is NOT authorized to administer my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as “Benadryl” and “Tylenol.”

Insurance Company: _____ Policy Number: _____

Policy Holder’s Name: _____

Physian’s Name: _____ Phone: _____

Hospital: _____

Parent/ Guardian Signature: _____ Date: _____