

# Connelly Enterprises

## Drama & Theater Summer Camp Registration 2025

Contact Daniel:

[dconnellyenterprises@gmail.com](mailto:dconnellyenterprises@gmail.com)

(208) 699 - 8775

7210 N Ramsey Rd Coeur d'Alene, ID 83815

*Please fill out both pages, one form per child.*

### Student Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### For Which Camp(s) are you Registering?

**Mary Poppins**

July 7th - 11th

10 am - 2 pm

\$240.00 per child

**The Greatest Showman**

August 4th - 8th

10 am - 2 pm

\$240.00 per child

### Parent/Guardian Information:

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

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

Primary Email Address: \_\_\_\_\_

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

### Emergency Contacts:

#1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*Besides those listed above, include anyone else who can pick your child up from camp:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical limitations, special needs, or allergies (food, sunscreens, medications, bee stings, etc.). Include treatments and medications for allergies, if applicable.

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**Select Your Payment Method:**

- Check:** Make payable to Connelly Enterprises and mail with form (*mailing address above*)
- Cash:** Schedule to meet Daniel (*Contact information above*)
- Venmo:** @Daniel-Connelly20 (*Include the camper's first and last name in the notes section*)
- PayPal:** @DanielandtheGang (*Include the camper's first and last name in the description*)
- CashApp:** \$djconnelly (*Include the camper's first and last name in the description*)

**Please Read and Sign the Following:**

I understand that these classes require physical activity and that injury may occur. I agree to hold harmless, Daniel Connelly and/or Connelly Enterprises, or the Summer Camp Instructors. A written consent and valid ID will be required if someone other than the parent or guardian is to pick up my child. All students will be signed in and out of class. Parents must arrive within ten minutes of scheduled camp end time each day. Due to limited enrollment, I understand that I am committing my child for the entire camp.

I give the staff of Connelly Enterprise Summer Theater Camp permission to treat my child in a medical emergency. I understand that staff members will make every attempt to contact me immediately in case of emergency.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_