Connelly Enterprises

Drama & Theater Summer Camp Registration 2026

Contact Daniel:
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?

⬜ **Frozen**
July 6th - 10th
10 am - 2 pm
$250.00 per child

⬜ **Newsies**
August 10th - 14th
10 am - 2 pm
$250.00 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.

_____

_____

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. Written consent and a 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 the 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 an emergency.

Print Name: _____

Signature: _____ **Date:** _____