

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
2023 SUMMER ENRICHMENT MUSICAL THEATRE PRODUCTION



R. J. REYNOLDS HIGH SCHOOL  
**REGISTRATION FORM - GRADES 5-12**

Program Dates: June 20 – July 20, 2023

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Last

First

(How name will appear in program and on shirt)

Circle Current Grade: 5 6 7 8 9 10 11 12 Current School: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Daytime Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

**“The SpongeBob Musical”** will be produced and performed at R. J. Reynolds High School.

**PROGRAM DATES:** June 20, 2023 - July 20, 2023. (Some weeks are affected by holidays - see website for exact dates.)

**PERFORMANCE NIGHTS:** July 17, 18, 19 at 7:00 p.m.

**OPTION 1:** You have the choice of mailing the entire amount of \$550.00 with your **registration packet** while spots last. Total payment of \$550.00.

**OPTION 2:** You have the choice of making installments. The first installment of \$100.00 is NON-REFUNDABLE after January 31; the first installment secures your spot in the program. Below are the installment amounts and the dates they are due in our office:

1<sup>st</sup> Installment of \$100.00

2<sup>nd</sup> Installment of \$150.00 by February 1, 2023

3<sup>rd</sup> Installment of \$150.00 by March 1, 2023

Final Installment of \$150.00 by April 3, 2023

**YOUR REGISTRATION WILL NOT BE PROCESSED WITHOUT TUITION PAYMENT AND THE REGISTRATION PACKET. PLEASE DO NOT E-MAIL ANY FORMS. Your child will not be allowed to attend the program unless your payment is made in full and received by April 3. NO REFUNDS WILL BE GIVEN AFTER APRIL 15. Registration fee includes a t-shirt and digital download for the participant. Additional T-shirts are available.**

**For questions regarding this program, contact:**

**Andrew Craft, Director of Arts Education and Summer Enrichment**

**email [adcrafft@wsfcs.k12.nc.us](mailto:adcrafft@wsfcs.k12.nc.us) or call the Arts Education Department at 336-748-4067.**

**Are there any other services or supports your child needs of which we should be aware?** \_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

**Make check payable to WS/FCS Summer Enrichment Program and in the MEMO field on your check, please write “SE Musical” for payment processing. Mail with completed registration form to:**

Winston-Salem/Forsyth County Schools  
Attn: Andrew Craft, Director of Arts Education/SE Theatre  
4801 Bethania Station Road  
Winston-Salem, NC 27105

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
 SUMMER ENRICHMENT MUSICAL THEATRE PRODUCTION  
**MEDICAL RELEASE FORM**



All information provided will be on file with the clinic chair and remain confidential.

Student's Name \_\_\_\_\_

(last) (first) (middle)

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SCHOOL NAME OF THE PARTICIPATING STUDENT \_\_\_\_\_

EDUCATOR'S NAME \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If parents are not legal guardians, guardian's name and address:

\_\_\_\_\_

INSURANCE / EMERGENCY INFORMATION

Under whose insurance is the student covered? (Please circle)

Father          Mother          Both          School

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's Address \_\_\_\_\_

List two people to notify in the case of an emergency - if parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Please provide the following information or circle all that apply:

ALLERGIES

Food \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Medication:      Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_

Other \_\_\_\_\_

Conditions (Circle all that apply)

Epilepsy	Rheumatic Fever	Asthma	Dizziness/Fainting
Eyes	Ears	Nose	Throat
Hay Fever	Diabetes	Stomach	Heart Palpitation
Jaundice/Hepatitis	Kidney/Urinary Problems	Depression/Behavior	Knees/Legs/Walking

Other Conditions / Special Notes Concerning Conditions:

\_\_\_\_\_

Does student take medication on a regular basis?    Y or N    If yes, list medication and dosage \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

As parent/guardian of the named child/student, I hereby give permission to the supervising teacher or WS/FCS representative to request usual and customary medical/safety services for my son/daughter if needed at this event. It is understood that I will be responsible for all costs not covered by my insurance.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This form MUST be signed and returned prior to the first day of the Summer Enrichment Theatre Production.

Return to: Winston-Salem/Forsyth County Schools  
 Attn: Andrew Craft, Director of Arts Education/SE Theatre  
 4801 Bethania Station Road  
 Winston-Salem, NC 27105

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
SUMMER ENRICHMENT MUSICAL THEATRE PRODUCTION**



**CONTRACT**

I, the undersigned cast/crew member, pledge to abide by the following code of conduct during the rehearsals and performances of the Summer Enrichment Musical Production. By signing the document, I understand the following expectations:

- Arrive promptly by 9:00 a.m. daily and remain until 4:00 p.m. daily. We do not offer before and after school childcare. Students must be picked up at 4:00 p.m.
- Prepare to begin rehearsal sessions/tech work sessions by focusing on given directions.
- Student cast and student tech interns are not allowed to leave campus for lunch. Bring a bag lunch, snacks, and water daily.

**WS/FCS Dress Code from Policy Code: 5131 Student Behavior – Code of Character, Conduct, and Support**

- Students are prohibited from wearing clothing that contains advertisements for tobacco, alcohol or drugs, pictures or graphics of nudity, or words that are profane, lewd, vulgar, or indecent;
- Clothing exposing a student’s bare chest, bare back, or bare midriff may not be worn;
- All shirts and tops must have straps and/or sleeves; No spaghetti straps or tank tops;
- No see-through clothing is allowed;
- Shoes must be worn;
- Short shorts or skirts are not allowed. A good rule of thumb is that shorts, dresses, skirts and other short attire should be at least mid-thigh length;
- Pants, slacks, jeans or other attire that sag below waist are not allowed;
- Hats, caps, bandanas, or garments which cover the student’s face or conceal the student’s identity are not allowed;
- Undergarments may not be shown or worn as outerwear; and
- Specialized courses may require specialized attire, such as safety gear; and
- Any symbols, styles or attire frequently associated with gangs, intimidation, violence or violent groups about which students at a particular school have been notified as described in [AR 5131.4](#) are prohibited.

In addition to the dress code stated in Policy Code: 5131:

- All actors will be dancing every day and need to dress accordingly for comfort and to adhere to the dress code.
- For safety, all Tech Crew must:
  - Wear closed toe shoes/work boots/sneakers every day.
  - Long hair **MUST** be tied back.
  - Safety goggles are required (we provide goggles for those who do not have their own).
  - Work gloves and earplugs are recommended.
- Safety rules must be observed at all times.
- Use appropriate language and actions at all times. All WS/FCS school policies are in effect.
- Cast/crew members will treat the adult production team members and other cast/crew members with respect at all times.
- **NO** unexcused absences from rehearsals (excessive unexcused absences may result in a cast member’s dismissal from the production).
- All cast and crew members are required to participate in the strike of the show.
- I will accept any role offered to me, including chorale ensemble.

My parents and I are aware that any cast/crew member that receives more than 2 warnings from any of the adult production team members will be expelled from the production process. My job will be to give 100% to the rehearsal process and performances as an important member of the production process.

\_\_\_\_\_  
(Print Student’s name)

\_\_\_\_\_  
(Student Cast/Crew Member Signature)

\_\_\_\_\_  
(Parent/Guardian’s Signature)

\_\_\_\_\_  
(Date)

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
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**PHOTO RELEASE FORM**

**School:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

I \_\_\_\_\_ give my permission for photographs, film or videotape recordings to be taken of my child during Winston-Salem/Forsyth County Schools Summer Enrichment Musical Theatre Production activities. I understand that these may be used by the news media or in publications and/or programs for school employees, parents and the general public.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS  
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**TEACHER RECOMMENDATION FORM**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Art Discipline in which you teach the student:** \_\_\_\_\_

Please check the box that best describes this student.

Check the level at which the student consistently performs	Always	Most of the time	Seldom	Never
Puts forth his or her best effort				
Follows teacher's instructions				
Practices self-control daily				
Makes good grades				
Gets along with peers				
Exhibits appropriate behavior				
Respects self and others				

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

If you have any questions, please e-mail Andrew Craft at [adcraft@wsfcs.k12.nc.us](mailto:adcraft@wsfcs.k12.nc.us).  
Thank you for completing this form.

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**“THE SPONGEBOB MUSICAL”**

**T-SHIRT ORDER FORM**

**Include ALL T-shirt orders on this form.**

PARTICIPANT’S NAME: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_  
 (USE CHART BELOW TO DETERMINE SIZE)

**THERE IS NO CHARGE FOR THIS T-SHIRT**

**If you would like to order ADDITIONAL T-shirts, please complete the order form below.**

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please include money for **additional T-shirts** with the registration check. No orders will be accepted after **July 1**.

T-Shirt Size	Quantity Please Enter	Price Per Additional Shirt	Amount Due Please Enter
Youth Small		\$15.00	
Youth Medium		\$15.00	
Youth Large		\$15.00	
Adult Small		\$15.00	
Adult Medium		\$15.00	
Adult Large		\$15.00	
Adult X-Large		\$15.00	
Adult XX-Large		\$20.00	
Adult XXX-Large		\$20.00	
<b>TOTALS</b>			