



# **MUSICAL THEATRE SUMMER ACADEMY 2026**

**4 AND 5 YEAR OLD GROUPS  
REGISTRATION**

**CAMP RUNS FOR 6 WEEKS  
FROM MONDAY JUNE 8th  
THROUGH FRIDAY JULY 17th**

**(CLOSED FRIDAY JULY 4TH)**

**4 YEAR OLD GROUP IS NOT ELIGIBLE  
TO TAKE PART IN THE PRODUCTION**

Please mail completed form to  
20970C Via Oleander, Boca Raton FL 33428



## MUSICAL THEATRE SUMMER ACADEMY CAMPER REGISTRATION FORM 2026

*Please type or print all information.*

*Please read, sign and return Policy Statement permission form together with registration.*

**Campers' Name:** \_\_\_\_\_  
Last First First

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

Development Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Grade as of current school year ending June 2026 \_\_\_\_\_ Name of School: \_\_\_\_\_

Camp attended last Summer: \_\_\_\_\_

Child's T-shirt size: \_\_\_\_\_ Please check that your child is potty trained: \_\_\_\_\_

**Mother's Name (or Guardian) :** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Development Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

**Father's Name (or Guardian):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Development Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

If parents are divorced / separated who has legal custody? \_\_\_\_\_

Who has custody during the time that the child is attending the camp? \_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

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## MUSICAL THEATRE SUMMER ACADEMY POLICY STATEMENT 2026

**Campers' Name** \_\_\_\_\_

### **SIGN-UP IS AVAILABLE FOR SELECT WEEKS**

PLEASE CLEARLY INDICATE BELOW THE WEEKS THAT YOU ARE REGISTERING FOR  
CAMP BY PUTTING YOUR INITIALS IN THE SPACE PROVIDED NEXT TO THE SELECTED WEEKS.

ALL 6 WEEKS - June 8th through July 17th 2026 .....

WEEK 1 JUNE 8TH - JUNE 12TH 2026 .....

WEEK 2 JUNE 15TH - JUNE 19TH 2026 .....

WEEK 3 JUNE 22ND - JUNE 26TH 2026 .....

WEEK 4 JUNE 29TH - JULY 3RD 2026 .....

WEEK 5 JULY 6TH - JULY 10TH 2026 .....

WEEK 6 JULY 13TH - JULY 17TH 2026 .....

### **CAMP FEES**

\$250 PER WEEK OR PART THEREOF:

Fees due in advance together with registration unless alternative arrangements have been made.

FEES PAYABLE BY:

CHECK: Heather Schmulian's Drama-Works, 20970C Via Oleander, Boca Raton, FL 33428

OR

VENMO: @Heather-Schmulian

OR

CASH



## MUSICAL THEATRE SUMMER ACADEMY POLICY STATEMENT 2026 CONTINUED

**Campers' Name** \_\_\_\_\_

### **BEFORE CAMP CARE/ AFTER CAMP CARE**

Please indicate if and when you will be requiring this service.

BEFORE/AFTER CARE IS AVAILABLE AT \$20 PER HOUR OR PART THEREOF PER CHILD

We require before camp care.....

From (Time).....

We require after camp care .....

Until - pick up (Time).....

### **CAMP REFUND:**

HEATHER SCHMULIAN'S DRAMA-WORKS sincerely hopes that your child/children will be able to attend the entire time that you have registered for camp. There are NO refunds after MAY 22ND 2026 for any reason including but not limited to: Sickness, separation anxiety, vacation, injury or non-compliance with camp rules. Only for an extended absence (a full week) due to illness or family emergencies will a CREDIT applicable to future HEATHER SCHMULIAN'S DRAMA-WORKS classes or camp be granted.

Individual days missed cannot be made up during later classes. THERE WILL BE NO CASH REFUNDS.

In the event that the National Hurricane Center broadcasts a hurricane warning for South Florida, HEATHER SCHMULIAN'S DRAMA-WORKS will cancel its program for the duration of the inclement weather. There will be no refund or make-up days for the days missed.

\_\_\_\_\_ My initials to the left indicate that I have read and agree to abide by the camp refund policyholders

As Parents or Guardians we agree that we will be responsible for any loss, damage or destruction by our camper to any property of the Camp or to any property for which the Camp is liable or chargeable.

HEATHER SCHMULIAN’S DRAMA-WORKS. is hereby granted permission to use any individual or group photo showing our child/children involved in Camp activities for advertising purposes.

HEATHER SCHMULIAN’S DRAMA-WORKS. may unilaterally dismiss a Camper should it determine that the conduct of the camper is not in the best interests of the camp.

As Parents or Guardians we understand that all possible precautions are taken to insure that the programs and activities at DRAMA-WORKS MUSICAL THEATRE SUMMER CAMP are conducted by qualified personal in a safe and responsible manner. However, we further understand, because of the nature of some activities within the program and regardless of the high degree of supervision, there is a possibility of accidental injury. These activities might include (but are not limited to) swimming and waterslides. We recognize these risks and agree to allow our child to participate in the program. We agree to assume these risks and release and hold DRAMAWORKS INC , WEST BOCA HIGH SCHOOL and BOCA PREP INTERNATIONAL SCHOOL their officers, directors, employees and agents harmless from and waive any claim against Heather Schmulian’s DRAMA-WORKS, WEST BOCA HIGH SCHOOL and BOCA PREP INTERNATIONAL SCHOOL as to any injury that may occur to our child / children while attending DRAMA-WORK MUSICAL THEATRE SUMMER CAMP.

**Father/Guardians’ Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardians’ Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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If Parents or Guardians cannot be reached, I give consent to emergency transportation, X-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for charges so incurred.

**Emergency contact (if unable to reach Parent/Legal guardian)**

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Doctor’s information**

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

Please state any allergies/ physical restrictions:

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## PICK-UP INFORMATION

I give permission for my child to be picked up by the following (please include yourself and any other parent or legal guardian, caregiver or carpool member). I agree that once my child leaves the premises or is released to me or to one of the below named authorized people, Drama-works is no longer responsible for his/her whereabouts, actions or welfare.

NAME:

RELATIONSHIP:

PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SWIMMING INFORMATION

Only children who are waterborne will be allowed to swim. No floaties or tubes will be allowed.

Please indicate below if your child is waterborne by circling IS ABLE or IS NOT ABLE .

My child.....IS ABLE / IS NOT ABLE to swim without aid of a floatie.

**Please sign below to indicate that you have read, completed and understand the policies and information stated above, including the refund policy and that you agree to abide by them.**

**Both Parents or Custodial Parent must sign.**

The information in this release is correct. My child has permission to take part in all HEATHER SCHMULIAN'S DRAMA-WORKS activities

Father/ Guardians' signature\_\_\_\_\_ Date\_\_\_\_\_

Mother/ Guardians' signature\_\_\_\_\_ Date\_\_\_\_\_

To sign up, please mail registration form and policy statement together with your check to:

**HEATHER SCHMULIAN'S DRAMA-WORKS**

**20970C VIA OLEANDER**

**BOCA RATON, FL 33428**

**Or send payment separately to VENMO:**

**@Heather-Schmulian**

***Please make sure we have a copy of the health forms for your child by the start of camp on June 8TH2026***