



Saratoga Children's Theatre

Enriching. Educating. Inspiring.

STUDENT INFORMATION

New Student

Previously Registered

Name _____ DOB _____ Age _____

Home Phone _____ Email _____

Address _____

State _____ Zip _____ School _____

Parent/Guardian _____

FINANCIAL ELIGIBILITY - CONFIDENTIAL

Referred by Agency (please include agency name, contact and phone #) _____

Is your child eligible for free/reduced lunch YES NO

Are you or your child eligible for Social Services (please circle all applicable)

Food Stamps Medicaid Monthly Income Supplement Other (please specify)

Approximate total annual income in 2017 \$ _____ Our family is able to pay \$ _____

CAMP INFORMATION

Camp you will be using scholarship for _____

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Date Received _____ Date Processed _____ Date Notified _____

SCT Pays \$ _____ Applicant Pays \$ _____

Session Approved _____ Applicant Accepts Declines

Authorized Signature _____