



MainStage
Youth Theater
Kids On Stage

Main Street Theater – Kids On Stage Summer Camp
Before- and After-Care Registration Form

Contact: Angela Harris 713-524-3622 x 103 (Emergency/Summer 713-443-9674)

STUDENT'S NAME: _____ AGE: _____
 PARENT'S NAME: _____ PHONE # (Cell/Work): _____
 EMERGENCY CONTACT: _____ PHONE # (Cell/Work): _____

Extended-Day registration accepted by mail only. You MAY enclose this form with your Kids On Stage camp registration form, but payment for Extended-Day care must be made by SEPARATE check to Angela Harris.
Mail to: Main Street Theater – Kids On Stage, 4617 Montrose, Suite 100, Houston, TX 77006

MST - Chelsea Market (4617 Montrose Blvd.)

__SESSION 1 (June 8-19)	__SESSION 2 (June 29-July10)	__SESSION 3 (July 20-31)	__SESSION 4 (Aug.3-14)
__Week 1	__Week 1	__Week 1	__Week 1
__Week 2	__Week 2	__Week 2	__Week 2

BEFORE-CARE 7:30 – 8:45 a.m. \$40.00/week
AFTER-CARE 3:30 – 5:30 p.m. \$35.00/week

If you do not need a full week of extended-day care:
Daily Before-Care is available at a rate of \$20/day at this location. Dates needed: _____
Daily After-Care is available at a rate of \$18/day at this location. Dates needed: _____

St. Stephen's Episcopal Church and School (1805 W. Alabama)

__SESSION 1 (July 27-Aug. 7)
 __Week 1
 __Week 2

BEFORE-CARE 7:30 – 8:45 a.m. \$40.00/week
AFTER-CARE 3:30 – 5:30 p.m. \$35.00/week

If you do not need a full week of extended-day care:
Daily Before-Care is available at a rate of \$20/day at this location. Dates needed: _____
Daily After-Care is available at a rate of \$18/day at this location. Dates needed: _____

The Shlenker School (5600 N. Braeswood Blvd.)

Please note that no Before-Care is available at The Shlenker School, and that After-Care goes until 5:00 p.m. only.

__SESSION 1 (June 8-26)	__SESSION 2 (June 29-July 17)
__Week 1	__Week 1
__Week 2	__Week 2
__Week 3	__Week 3

AFTER-CARE 3:30 – 5:00 p.m. \$30.00/week

If you do not need a full week of extended-day care:
Daily After-Care is available at a rate of \$15/day at this location. Dates needed: _____

TOTAL: _____ Check payable to Angela Harris No cash refund. Late fee: \$10.00 for every 15 minutes.

By registering my child for before-care and/or after-care, I acknowledge that all releases and authorizations for MST's Kids On Stage Performing Arts Camp apply. Changes must be in writing.

 Signature