

# ALL CHILDREN'S THEATRE

1180 Rt. 46 West  
Parsippany, NJ 07054  
TEL/FAX: (973) 335-5328



# 2008 SUMMER DAY CAMP 2008

## REGISTRATION FORM

SESSION LETTER: A B C D E F G H AA BB CC DD EE FF GG  
(check one box only)

See Session Letters from website

Family Discounts Apply (see website)

PRINT THE NAME OF DAY CAMP PROGRAM: \_\_\_\_\_ TOWN: \_\_\_\_\_

Child's Last Name \_\_\_\_\_, First \_\_\_\_\_ Sex M F Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Town of Residence \_\_\_\_\_ County \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ My Child Lives at Home With His/Her: Parents Mother Father Other

Home Tel. No. ( ) \_\_\_\_\_ Mother's Work Tel. No. ( ) \_\_\_\_\_ Father's Work Tel. No. ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

School (Sept 2008) \_\_\_\_\_ Grade Level (Sept 2008) \_\_\_\_\_

Does your child have any physical, mental or medical (includes allergies) condition of which we should be aware? Yes No  
HEALTH CONDITION OF CHILD: Please notify us in writing of any change in your child's health condition or need for special accommodation

If yes, please identify: \_\_\_\_\_

Is your child currently on medication? Yes No If yes, please Print Name \_\_\_\_\_ Print Reason \_\_\_\_\_

**TOTAL FEE: \$** \_\_\_\_\_ (check fee on website schedule) **ENCLOSED:** Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ (\$30 charge for bounced check)

**DEPOSIT:** Nonrefundable **\$190 NOW** **CHARGE:** VISA MASTERCARD AM EXP DISCOVER

**BALANCE OF FEE DUE:** JUNE 1st (you'll be billed) Account No. \_\_\_\_\_

I authorize ACT to use photographs, recordings, videos, etc. taken of my child in camp and at the public performance. (If not, cross out above sentence)

SIGNATURE OF PARENT OR GUARDIAN **X** \_\_\_\_\_ | \_\_\_\_\_ DATE \_\_\_\_\_  
(signature) (print name)

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### Instructions:

Print, sign, and complete this form.  
Mail, email, fax, or drop off to;

All Children's Theatre  
1180 Rt. 46 West  
Parsippany, NJ 07054  
TEL/FAX: (973) 335-5328  
allchildrensth@aol.com