

ALL CHILDREN'S THEATRE

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



2009 Check box if a returning camper 2009

REGISTRATION FORM

SESSION LETTER:
(check one box only)

A B C D E F G H I AA BB CC DD EE FF

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 # () _____ Cell # () _____

School (Sept 2009) _____ Grade Level (Sept 2009) _____

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. _____

Exp. Date _____

Amount: \$ _____ Name of Card Holder: (print) _____

SIGNATURE OF PARENT OR GUARDIAN **X** _____ | _____ **DATE** _____

(signature)

(print name)

WS

Instructions:

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

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Parsippany, NJ 07054
TEL/FAX: (973) 335-5328
allchildrensth@aol.com