ALL CHILDREN'S THEATRE

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

Discover JERSEY ARTS

Family Discounts Apply (see website)

ONE REGISTRATION FORM PER CHILD, PER CAMP

2011 SUMMER DAY CAMP 2011

REGISTRATION FORM

☐ Check box if a returning camper

SESSION LETTER: *(check one box only)*

☐ A	☐ B	☐ C	☐ D	☐ E	☐ F	☐ G	☐ H	☐ AA	☐ BB	☐ CC	☐ DD	☐ EE	☐ FF	☐ GG	☐ HH

See Session Letters from 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 ☐Step ☐Father ☐Step _____Other

Home Tel. No. ( ) _____ Mother's Work Tel. No. ( ) _____ Father's Work Tel. No. ( ) _____

Email Address _____ Cell # ( ) _____ Cell # ( ) _____

School (Sept 2011) _____ Grade Level (Sept 2011) _____

Does your child have any physical, mental or medical (includes allergies) condition of which we should be aware? ☐Yes ☐No

If yes, please identify: _____

HEALTH CONDITION OF CHILD: *Please notify us in writing of any change in your child's health condition or need for special accommodation*

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

TOTAL FEE: $ _____ (check fee on website schedule)

DEPOSIT: Nonrefundable **$190 NOW**

BALANCE OF FEE DUE: JUNE 1st *(you'll be billed)*

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)

ENCLOSED: Check # _____ in the amount of $ _____ ($30 charge for bounced check)

CHARGE: ☐VISA ☐MASTERCARD ☐AM EXP ☐DISCOVER

Account No. _____

Exp. Date _____

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

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

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