

**Jackson Township**  
**Jackson Jr. Musical Theater Summer Camp 2019**

Name \_\_\_\_\_, M/F \_\_\_\_\_, Age \_\_\_\_\_, Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Parent Email \_\_\_\_\_ cell \_\_\_\_\_

Second parent Email \_\_\_\_\_ cell \_\_\_\_\_

**Health History - Please list any/all medications**

Allergies: \_\_\_\_\_

Please list any health concerns that we should be aware of:

\_\_\_\_\_

I give the following person(s) permission to pick my child up from summer camp:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Policies**

- Students will adhere to Jackson School District Policies
- Student must be entering 4th through 8th grade (as of September 2019)
- Students will follow directions of the instructors, remain with the class at all times, and cooperate with advisors/camp personnel.
- Students will be dropped off and picked up by a parent/guardian inside the school. No student will be released without proper permission and writing. LOCATION: Jackson MEMORIAL High School
- Program dates: July 15, 2019 to August 2nd, 2019 from 9:00am - 3:00pm
- Show performance will be on Thursday, August 1st at 6pm in JMHS Auditorium
- No refunds one the 3-week program has begun.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Program Cost \$575 (includes \$50 registration fee)*

***Application with Check or Money Order payment must be sent by June 21, 2019 to:***

***Michele Shpak***

***PO Box 666, Jackson, NJ 08527***

***Check or Money Order made payable to the Jackson School District***