

**Jackson Township
Junior Arts and Musical Theater
Summer Camp 2018**

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 up my child 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 2018)
- 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 in writing. LOCATION: Jackson MEMORIAL High School
- Program dates: June 25, 2018 to July 13, 2018 (exception-July 4th) from 9:00am-3:00pm
- Show performance will be on Thursday, July 12, 2018 at 6 pm in JMHS Auditorium
- No refunds once 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 22, 2018 to:

Diane Coots, Bookkeeper (Contact @ dbcoots@jacksonsd.org)

Goetz-TRAILER I @ 835 Patterson Road (BEHIND GOETZ SCHOOL), Jackson, NJ 08527

Checks made payable to the Jackson School District.