

SESSION 1 June 25 - July 6

STUDENT _____
 (Last name) (First name)

ADDRESS _____

CITY _____ ZIP _____

ENTERING GRADE _____ IN SEPTEMBER 2012.

Children present at camp must attend all of their classes. I will make sure my child understands this policy. Parent/Guardian Signature _____

Sports Camp Participants: My child has recently been examined by a physician and to the best of my knowledge is physically fit to participate in sports. He/She has permission to engage in this activity, and I release the Adult School from any liability by reason thereof.
 Parent/Guardian Signature _____

Parent/Guardian _____
 Parent/Guardian Day Phone _____
 Home Phone _____
 Cell Phone _____
 Email address _____
 Emergency Contact (not name above) _____
 Emergency Contact Phone _____

I DO NOT give the Adult School permission to use any and all photographs taken of my child in camp activities in South Orange-Maplewood Adult School and Community Summer Program publicity.

SESSION 1 Summer Camp Registration					FEE	SESSION 1 Sports/Music Registration	
Period	1st Choice Class	Room	2nd Choice Class	Room		Sports Camp/Music Academy	Dates
	Early Drop Off						
1							
2							
3							
	Lunch <small>cross out if not staying</small>				\$26.00		
4							
5							
	After Care						

Check enclosed payable to Adult School Summer Program
 Visa or Mastercard Expires _____
 # _____
 Signature _____

Subtotal \$ _____
 Scholarship Donation (optional) \$ _____
 TOTAL \$ _____

Music Students Years playing _____
 Instrument(s) registering for _____

PLEASE MAKE 2 COPIES OF REGISTRATION FORM(S) BEFORE MAILING. HAVE YOUR CHILD BRING A COPY OF THE FORM TO CAMP EVERY DAY.

SESSION 2 July 9 - July 20

STUDENT _____
 (Last name) (First name)

ADDRESS _____

CITY _____ ZIP _____

ENTERING GRADE _____ IN SEPTEMBER 2012.

Children present at camp must attend all of their classes. I will make sure my child understands this policy. Parent/Guardian Signature _____

Sports Camp Participants: My child has recently been examined by a physician and to the best of my knowledge is physically fit to participate in sports. He/She has permission to engage in this activity, and I release the Adult School from any liability by reason thereof.
 Parent/Guardian Signature _____

Parent/Guardian _____
 Parent/Guardian Day Phone _____
 Home Phone _____
 Cell Phone _____
 Email address _____
 Emergency Contact (not name above) _____
 Emergency Contact Phone _____

I DO NOT give the Adult School permission to use any and all photographs taken of my child in camp activities in South Orange-Maplewood Adult School and Community Summer Program publicity.

SESSION 2 Summer Camp Registration					FEE for 1st Choice Classes/ Sports Camp	SESSION 2 Sports/Music Registration	
Period	1st Choice Class	Room	2nd Choice Class	Room		Sports Camp/Music Academy	Dates
	Early Drop Off						
1							
2							
3							
	Lunch <small>cross out if not staying</small>				\$26.00		
4							
5							
	After Care						

Check enclosed payable to Adult School Summer Program
 Visa or Mastercard Expires _____
 # _____
 Signature _____

Subtotal \$ _____
 Scholarship Donation (optional) \$ _____
 TOTAL \$ _____

Music Students Years playing _____
 Instrument(s) registering for _____
