

ALL CHILDREN'S THEATRE

PO Box 6328
Parsippany, NJ 07054
Tel: (973) 335-5328



**ONE REGISTRATION FORM
PER CHILD, PER PROGRAM**

SUMMER DAY CAMP REGISTRATION FORM

SESSION LETTER:
(check one box only)

A B C D AA BB

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 Step Mother Step Father _____ Other _____

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

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

School _____ Grade Level _____

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

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 \$ _____ (530 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. _____

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) 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 or fax to:

All Children's Theatre

PO Box 6328

Parsippany, NJ 07054

Phone: (973) 335-5328 Fax: (843) 796-2005

allchildrensth@aol.com