



# CAMP P.A.W.S



## **P**ERSONALIZED **A**CADEMIC **W**ORKPLACE READINESS AND **S**Ocial

Camp PAWS is a unique summer school program developed by the Jackson Township School District for the purpose of developing and maintaining the individualized academic, organization and workplace readiness, and social skills levels of students in Pre-school – 8<sup>th</sup> Grade during the summer.

Camp PAWS is staffed by a highly qualified general and special education teachers and paraprofessionals. This innovative and engaging program blends academic, social skills, workplace readiness skills, and unified arts instruction with recreation into each day, while also providing related therapy services for students who require it.

**Camp PAWS will take place this summer from Monday, July 10, 2017 until Thursday, August 17, 2017 (Monday – Thursday Weekly)**

PROGRAM OPTIONS ARE AS FOLLOWS:

- (1.) Current Grade K-4 / 9:00-1:00 PM at Elms
- (2.) Current Grade 5-8 / 8:00-12:00 PM at Goetz
- (3.) Pre-School (waitlist basis)  
Either 9 AM-1 PM; OR 9 AM-11 AM; OR 11 AM-1 PM / All time choices at Elms

**Registration Fee \$50/per program**

**See Program Worksheet for Tuition Rates**



### **Program Amenities**

- ☺ Literacy & Mathematics Instruction Tailored to Individual Student Needs & Levels
- ☺ Strategic Instruction on Organization, Focus, Attention, Social & Emotion Regulation Skills
- ☺ Social Skills “ONLY” Program
- ☺ Speech & Language, Occupational & Physical Therapies as Prescribed by IEPs or 504 Plans
- ☺ Recreation and Unified Arts

**Martine Jean-Louis, District Lead Teacher**

**Jackson Child Care Academy**

**P.O. Box 739, Jackson NJ 08527**

**732-833-4677/4637**

**JACKSONCHILDCAREACADEMY.ORG**



Unified Arts



Recreation & Outdoor Games



Personalized Instruction



# JACKSON SCHOOL DISTRICT

## 2017 CAMP P.A.W.S.

Location: Elms School  
REGISTRATION FORM



For children currently in Pre-School to 8th Grade

NOTE: Pre-School registrations accepted on waiting list only

Registrations will be accepted on a first come basis from March 27 to April 28, 2017

### Children's Information

- |                    |                  |           |                     |
|--------------------|------------------|-----------|---------------------|
| 1. Last Name _____ | First Name _____ | Age _____ | School/Grade _____  |
|                    |                  |           | Current Grade _____ |
| 2. Last Name _____ | First Name _____ | Age _____ | School/Grade _____  |
|                    |                  |           | Current Grade _____ |
| 3. Last Name _____ | First Name _____ | Age _____ | School/Grade _____  |
|                    |                  |           | Current Grade _____ |

**IS YOUR CHILD CLASSIFIED? YES \_\_\_\_\_ NO \_\_\_\_\_**

**DOES YOUR CHILD RECEIVE SERVICES FROM A PARAPROFESSIONAL? YES \_\_\_\_\_ NO \_\_\_\_\_**

Parent/Guardian #1

Parent/Guardian #2

First Name _____
Last Name _____
Home Address _____
City _____ Zip _____
Cell Phone _____
Home Phone _____
<b>Email</b> _____
Employer _____
Work Phone _____ Ext. _____

First Name _____
Last Name _____
Home Address _____
City _____ Zip _____
Cell Phone _____
Home Phone _____
<b>Email</b> _____
Employer _____
Work Phone _____ Ext. _____

PERSONS AUTHORIZED TO CALL FOR YOUR CHILD: (changes must be in writing from parent)

Please give the names and phone numbers of two people who may be notified in case of an emergency or illness, when parents/guardians are not available.

Name \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment.

Medical Insurance \_\_\_\_\_  
(Company and policy number) (name of insured)

Medical/Health Concerns \_\_\_\_\_  
(medications ; allergies ; special needs ; EPIPEN, etc. / use separate paper if necessary)

Is your child taking any medication? Yes \_\_\_ No \_\_\_ List \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ List \_\_\_\_\_

I agree to pay the registration fee and tuition due at time of registration. No child will be registered without this payment. Once the program begins, there will be no credit or refunds of any fees for cancellations, vacations, illness, or absences of any kind.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMP P.A.W.S.


## (For current Grades K-8 only)

Six weeks - Four days a week - Monday through Thursday - July 10, 2017 thru August 17, 2017

Camp Locations / Current Grades K-4 from 9am to 1pm at Elms School \* Current Grades 5-8 from 8am to 12pm at Goetz Middle School

### Payment Schedule Worksheet Summer 2017

Name of Child #1 \_\_\_\_\_ Name of Child #2 \_\_\_\_\_ Name of Child #3 \_\_\_\_\_

	Dates	Tuition		# of Children	Total Tuition
Camp	Monday, July 10 to Thursday August 17	\$420.00	x		
<b>OR</b>					
<b>Camp with Transportation</b>	Monday, July 10 to Thursday August 17	\$540.00	x		

1.		Total Tuition →	↑ \$
2.	one half (½) of total tuition (line #1) due at registration		\$
3.	Add \$50 registration fee		\$50.00
4.	Due at registration – add lines 2 & 3		\$
5.	Second half of tuition due on or before June 1, 2017 (equal to line 2)		\$

# CAMP P.A.W.S.

**(For Pre-School – waitlist basis only)**



Six weeks - Four days a week - Monday through Thursday - July 10, 2017 thru August 17, 2017

Camp Location – Elms Elementary School

## Payment Schedule Worksheet Summer 2017

Name of Child #1 \_\_\_\_\_ Name of Child #2 \_\_\_\_\_ Name of Child #3 \_\_\_\_\_

- There are three camp times to choose from – each camp time has a choice of with or without transportation. Please select your camp time:

	Without Transportation	# of Children	Total Tuition		With Transportation	# of Children	Total Tuition
4 Hour Camp 9:00-1:00 PM	\$420.00	x		4 Hour Camp 9:00-1:00 PM	\$540.00	x	
<b>OR</b>				<b>OR</b>			
2 Hour Camp 9:00-11:00 AM	\$210.00	x		2 Hour Camp 9:00-11:00 AM	\$330.00	x	
<b>OR</b>				<b>OR</b>			
2 Hour Camp 11:00-1:00 PM	\$210.00	x		2 Hour Camp 11:00-1:00 PM	\$330.00		

	Total Tuition →	↑ \$	Total Tuition →	↑ \$
2. one half (½) of total tuition (line #1) due at registration		\$		\$
3. Add \$50 registration fee		\$50.00		\$50.00
4. Due at registration – add lines 2 & 3		\$		\$
5. Second half of tuition due on or before June 1, 2017 (equal to line 2)		\$		\$

**Please answer the following Questions:**

1. Are you currently registered for the 2016-2017 school year?     Yes     No
2. Are you confirmed registered for the 2017-2018 school year?     Yes     No

**Jackson School District Media and Television Publicity Permission Form and  
New Jersey Parental/Guardian Consent Form for Internet Publication of Student Information/Images**

**SUMMER 2017**

We are sending you this parental consent form to inform you and to request permission for your student's photo/image and personally identifiable information to be published on the district and/or school web sites. It also seeks permission to publish this information for publicity, promotional or informational purposes in newsletters, presentations, flyers, press releases, videos and to broadcast/publish this information on the Jackson School District television station (JTV on Cablevision's Channel 77) and any social media websites or services run by the district. We are also requesting permission to release this information to outside media such as newspapers, news magazines, broadcast news and media outlets and online news outlets/magazines. Please be advised that the majority of newspapers today archive/publish their print editions on their own websites.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, which is granted through this form. Personally identifiable information *as described by the state* includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

Please be aware that the *Jackson School District's practices in publishing/releasing student information are actually more restrictive than the state law.* **The Jackson School District only publishes and/or releases to the media your child's name, image and school/grade/age.** Student work (e.g. art, writing, concert/drama performances, athletic events) and interviews may also be published/broadcast/released in the methods described above. The other state-designated personally identifiable information described above are not released.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

*Questions? Contact the Jackson School District Communications Office at 732-833-4618*

**RETURN THIS FORM WITH YOUR APPLICATION PACKET OR TO THE PROGRAM TEACHER  
BY THE FIRST DAY OF THE PROGRAM. Check ONE of the following boxes/choices:**

*Please keep in mind that if you want your child to be featured on the district/ school/social media websites, in the news media or on JTV, you will need to select the first option below. Also, to deny permission you must return the form.*

**NOTICE: FAILURE TO SUBMIT FORM BY THE FIRST DAY OF THE PROGRAM  
WILL RESULT IN YOUR GRANTING PERMISSION FOR PUBLICATION.**

I/We **GRANT** permission for this student's name, photo/image and all other personal identifiers described above to be published on the school and/or district's public Internet site and any social media websites/services run by the district. This permission also allows for the same name, photo/image and personal identifiers to be used in newsletters, presentations, flyers and press releases, videos, on Jackson Television, and in outside and news publications and broadcasts as described above.

OR

I/We **DO NOT GRANT** permission for this child's name, photo/image that includes this student to be published on the school and/or district's public Internet site/social media websites/services run by the district or to be used in newsletters, presentations, flyers and press releases, videos on Jackson Television, or in outside news publications and broadcasts as described above.

Student Name: (print) \_\_\_\_\_ Grade in Sept. 2017: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program (e.g. Film Academy, Child Care) \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature Parent/Guardian: \_\_\_\_\_