



JACKSON SCHOOL DISTRICT
**2017 Afternoon and All Day Monday & Friday
Camp for Summer Learning (IPAD) Students**

Location: Switlik School
REGISTRATION FORM

For students entering grades K-6
Registrations will be accepted on a first come basis from
March 27 to April 28, 2017

Email Address:

_____ **IMPORTANT - please print clearly. Information, Notices
& Updates will be sent via the email you supply.**

Children's Information ↙

Grade entering in Sept. 2017 ↓

1. Last Name _____ First Name _____ School _____ Grade _____

2. Last Name _____ First Name _____ School _____ Grade _____

3. Last Name _____ First Name _____ School _____ Grade _____

Parent/Guardian #1

Parent/Guardian #2

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Work Phone _____ Ext. _____

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

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, use of 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 \$50 family registration fee and 1/2 of the total tuition at time of registration. No child will be registered without this payment. Balance of tuition is due on or before June 1, 2017. Once the program begins, there will be no credit or refunds for cancellations, vacations, illness, or absences of any kind.


Signature _____ **Date** _____

CHILD CARE SUMMER CAMP – SWITLIK SCHOOL
Summer Learning Camp (IPAD) STUDENTS GOING INTO GRADES K-6
Payment Schedule Worksheet Summer 2017

Name of Child # 1 _____ Name of Child #2 _____ Name of Child #3 _____
(grade in September 2017)

Grade _____ t-shirt size _____ Grade _____ t-shirt size _____ Grade _____ t-shirt size _____

Week Usage 	IPAD Camp Dates Weeks 1 thru 4 For Students attending Summer Camp after IPAD Camp & All Day Mondays & Fridays	Tuition 1 st child	Tuition 2 nd child	Tuition 3 rd child	Total Tuition for all children
Week 1	July 3 rd thru July 7 th (no camp July 4 th due to holiday)	118	108	108	=
Week 2	July 10 th thru July 14 th	135	125	125	=
Week 3	July 17 th thru July 21 st	135	125	125	=
Week 4	July 24 th thru July 28 th	135	125	125	=

Week Usage 	Week 5, 6 & 7 – Full Day Camp 7 am to 6 pm	Tuition 1 st child	Tuition 2 nd child	Tuition 3 rd child	Total Tuition for all children
Week 5	July 31 st thru August 4 th	210	200	200	=
Week 6	August 7 th thru August 11 th	210	200	200	=
Week 7	August 14 th thru August 18 th	210	200	200	=

Total tuition for all weeks	↑
Amount Due at Registration	\$
½ of total tuition plus + \$50 family registration fee	
Amount Due on or before 6/1/17	\$
Balance of tuition	

Yes ___ No ___ **I request that my child(ren) be bussed in the AM to Summer Learning Camp (IPAD) from Summer Child Care Camp at a cost of \$5 per day per child.**

- **Please contact the Child Care office (732-833-4637) to obtain a Caregiver form authorizing your child being bused to the Child Care Camp at Switlik at the end of their Summer Learning Camp (IPAD).**

Please Note: A separate ledger account is required for the summer camp programs. Please do not make summer payments to your current online program account. (i.e. Child Care or Pre-School accounts) All 2016/2017 school year accounts must be in good standing to register for summer camp.

√ **Please check payment preference below:**

Online payments:

- A. _____ I wish to set up an online payment account using the following email.

(*this email will be your online account user name and must be different than any other online account you have through Child Care, or PreK.) You will receive an invitation via email to set up the free online account. The \$50 family registration fee and ½ of the tuition will be due upon receipt of the online payment invitation, with the balance due on or before 6/1/17.

Check or Cash payment:

- B. _____ I prefer to pay by check. I have enclosed payment for the \$50 family registration fee and ½ the Tuition. I will mail or bring the balance to the Child Care office on or before June 1, 2017.
- C. _____ I prefer to pay by cash in person when registering at the Child Care Office in Trailer (I) at Goetz School. (parking lot to the right/trailer behind school)

2017 Tentative Summer Camp Trip List

K-1	
7/06/2017	Pirates Adventure
7/11/2017	Cape May Zoo
7/13/2017	Broadway Theatre of Pitman
7/18/2017	Marine Mammal Stranding Center
7/20/2017	Diggerland USA
7/25/2017	Sea Girt Lighthouse
7/27/2017	Storybook Land
8/01/2017	Around the Corner Art
8/03/2017	Wetlands Wildlife Safari Tour
8/08/2017	Insectropolis
8/10/2017	Kidnetic
8/15/2017	Oasis Family Farm
8/17/2017	Jenkinson's Aquarium

2-3	
7/06/2017	Fun Plex
7/11/2017	Insectropolis
7/13/2017	Liberty Science Center
7/18/2017	Around the Corner Art
7/20/2017	Bow Craft Amusement Park
7/25/2017	Ocean Institute of Sandy Hook
7/27/2017	RainForest Café
8/01/2017	Jenkinson's Boardwalk
8/03/2017	Turtleback Zoo
8/08/2017	Somerset Patriots Baseball
8/10/2017	Johnson Corner Farm
8/15/2017	i Play America
8/17/2017	Branchburg Sports Arena

4	
7/06/2017	Silver Ball Museum
7/11/2017	Rizzo Wildlife
7/13/2017	Chocolate Making
7/18/2017	OMG MYO Pizza
7/20/2017	The Big Event
7/25/2017	The FunPlex
7/27/2017	Pump it up of Marlton
8/01/2017	Sterling Hills Mining Museum
8/03/2017	Monmouth Museum
8/08/2017	Somerset Patriots Baseball
8/10/2017	Eagleswood Amusement Park
8/15/2017	Jenkinson's Boardwalk
8/17/2017	The Arenas

5-6	
7/06/2017	Speedway Raceway
7/11/2017	Diggerland USA
7/13/2017	Rutgers Geology Museum
7/18/2017	Adventure Aquarium
7/20/2017	A Time to Kiln
7/25/2017	Oasis Family Farm
7/27/2017	Paint a Tee
8/01/2017	Jersey Shore Arena
8/03/2017	Liberty Science Center
8/08/2017	Somerset Patriots Baseball
8/10/2017	Sahara Sam's
8/15/2017	Colonial Bowling
8/17/2017	New Jersey State Museum

Afternoon & Friday Camp	
7/11/2017	Popcorn Park Zoo
7/18/2017	OMG MYO Pizza
7/25/2017	Jenkinson's Aquarium
8/01/2017	Pump it Up of Freehold
8/08/2017	Swing Time

Please Note: All field trips are subject to change due to weather or any unforeseen circumstances. The required Jackson Child Care Academy Permission for Trips form must be completed in order for your child(ren) to attend field trips.

**JACKSON SCHOOL DISTRICT
JACKSON CHILD CARE ACADEMY
SUMMER 2017 CAMP
PERMISSION FOR TRIPS**

My child (ren)

has (have) permission to participate in the following:

PROGRAMS @ SWITLIK: JACKSON CHILD CARE ACADEMY – SUMMER 2017 CAMP being either full day Summer Camp 2017; Afternoon and All Day Friday Camp (for ESY & CAMP PAWS Students); Afternoon and All Day Monday & Friday Camp (for Summer Learning (IPAD) Students)

FIELD TRIPS / MOVIE OUTINGS as scheduled by Jackson Child Care Academy – Summer 2017 Camp Staff specific to grade level group (see 2017 Tentative Summer Camp Trip List)

Please note: All trips are subject to change due to weather and/or any unforeseen circumstances.

This is to certify that my child (ren) named above has (have) permission to participate in the specified trip(s) and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form (waiver, release, hold harmless) requiring signature may be provided by a scheduled facility. These forms will be distributed and collected on-site by the appropriate Child Care Academy Lead Teacher.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury, damages, or expenses which my child (ren) and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the listed activities and related transportation.

I have read and understood the above policy and give permission for my child (ren) to participate in the above-referenced program. I authorize the release of the information contained in this form to the responsible program advisor/trip chaperone. In the event of a medical emergency, I authorize the Jackson School District and its faculty member in charge of my child (ren), to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment.

Parent / Guardian Acknowledgement/Agreement Signature:

Date: _____

**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: _____