

**JACKSON SCHOOL DISTRICT**  
**2020 Afternoon Camp for Summer Learning Students**  
**Location: Crawford Rodriguez Elementary School**  
**REGISTRATION FORM**

**For students entering grades K-6**  
**Registrations will be accepted on a first come, first served basis**



**Email Address:** \_\_\_\_\_

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

**Children's Information** ✓

Grade entering in Sept. 2020 ↓

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 ½ of the total tuition at time of registration. No child will be registered without this payment. Balance of tuition is due on or before May 1, 2020. Once the program begins, there will be no credit or refunds for cancellations, vacations, illness, or absences of any kind.

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

**Summer Learning (IPAD)**  
**FOR STUDENTS GOING INTO GRADES K-6**  
**Payment Schedule Summer 2020**

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

(grade in September 2020)

Grade \_\_\_\_\_ t-shirt size \_\_\_\_\_ Grade \_\_\_\_\_ t-shirt size \_\_\_\_\_ Grade \_\_\_\_\_ t-shirt size \_\_\_\_\_

Week Usage	Full Day Camp Monday- Thursday 7 am – 6 pm	Tuition 1 <sup>st</sup> child	Tuition 2 <sup>nd</sup> child	Tuition 3 <sup>rd</sup> child	Total Tuition
Week 1	June 29 <sup>th</sup> thru July 2 <sup>nd</sup> (no camp Friday, July 3 <sup>rd</sup> )	\$200.00	\$190.00	\$190.00	= \$
Week Usage	Summer Learning Dates For Students attending Summer Camp after Summer Learning Tuesday thru Thursday 12 pm -6 pm	Tuition 1 <sup>st</sup> child	Tuition 2 <sup>nd</sup> child	Tuition 3 <sup>rd</sup> child	Total Tuition
Week 2	July 7 <sup>th</sup> thru July 9 <sup>th</sup>	\$114.00	\$104.00	\$104.00	=
Week 3	July 14 <sup>th</sup> thru July 16 <sup>th</sup>	\$114.00	\$104.00	\$104.00	=
Week 4	July 21 <sup>st</sup> thru July 23 <sup>rd</sup>	\$114.00	\$104.00	\$104.00	=
Week 5	July 28 <sup>th</sup> thru July 30 <sup>th</sup>	\$114.00	\$104.00	\$104.00	=
Week Usage	Full Day Camp Monday-Friday 7 am – 6 pm	Tuition 1 <sup>st</sup> child	Tuition 2 <sup>nd</sup> child	Tuition 3 <sup>rd</sup> child	Total Tuition
Week 6	August 3 <sup>rd</sup> thru August 6 <sup>th</sup>	\$114.00	\$104.00	\$104.00	= \$
Week 7	August 10 <sup>th</sup> thru August 13 <sup>th</sup>	\$114.00	\$104.00	\$104.00	= \$

AM Child Care is available at the cost of \$5 per child, per day.

I require AM child care at Crawford Rodriguez Summer Camp before Summer Learning.

Yes \_\_\_ No \_\_\_

If yes, children will be bussed from Crawford Rodriguez to Summer Learning.

Please contact the Child Care office at 732-833-4637 to obtain a Caregiver form.

<b>Total Tuition for selected weeks</b>	<b>\$</b>
(½ of above Total tuition)	<b>\$</b>
plus + \$50 family registration fee	<b>\$ 50.00</b>
<b>Amount Due at Registration</b> (Check or Money Order only)	
NOTE: no child will be registered without this payment / no exceptions	
<b>\$5 per child per day for AM Child Care at</b> <b>Amount Due on or before May 1, 2020</b> (balance of tuition)	<b>\$</b>

**Important:** We will only be accepting a Check or Money Order with Initial Registration. Balances that are due by May 1, 2020 can be made online. Please do not make summer payments to your current online program acct. (i.e. Child Care or Pre-School accounts). All 2019/2020 school year accounts must be in good standing to register for Summer Camp.

✓ **Please check preferred payment method below for balance due by May 1, 2020:**

**Online payments:**

\_\_\_\_\_ If you already have an online account set up for the 2019/2020 school year with the Jackson Child Care Academy, you must use the same email for your summer account. After receiving your registration and confirming your email, you will receive an email from us, which will link the Summer program to your current school year account. **You do not need to re-register.** The next time you sign-in to your already set up account, you will see that the summer camp has automatically been added and you can now select "Summer Program" from the drop down menu and make your balance payment, which is due by May 1, 2020.

\_\_\_\_\_ I do not have an online account set up for the current 2019/2020 school year with the Jackson Child Care Academy. Please use my email address and send me an online payment invite so I can register to make the final payment due by May 1, 2020 for the Summer Camp.

**Check or Cash payment:**

\_\_\_\_\_ 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 May 1, 2020. Jackson Child Care Academy, PO Box 739, Jackson, NJ 08527

\_\_\_\_\_ I prefer to pay by cash in person at the Child Care Office Trailer. I will bring the balance to the Child Care office on or before May 1, 2020 in cash. Jackson Child Care Academy, 151 Don Connor Blvd, Jackson, NJ 08527