



574 Allen Rd.

Basking Ridge, NJ 07920

T: (908)-506-1010

F: (908)-506-1030

2016 Summer Camp Overview

Theatrical Corner's Summer Camp program is designed for campers who wish to explore a variety of art areas. Our classes focus on areas such as Musical Theatre, Studio Art, Dance and Creative Expression. Each week will focus on a theme and concept. During that time, students will be exploring each topic/theme in a fun, creative environment. Field trips, guest entertainers and outdoor activities are provided throughout each camp week.

Daily Overview

Throughout the day, students will rotate from one art to another. Students will have the opportunity to collaborate with their peers as well as work independently. The loosely structured day provides students with an area of focus while still being able to take in "fun in the sun" activities with their friends. Students will meet with their teachers; work on activities of the day, as well as break for lunch and outdoor time. Specific themes and calendars will be released prior to the start of each camp.

Camp Hours

7:30 am – 8:30 am = Before Care

8:30 am – 3:30 pm = Camp

3:30 pm – 6:00 pm = After Care

Camp Tuition Per Week

- \$195.00 per week
(8:30 am -3:30 pm)

Before & After School Options

- Before Care only: \$35.00 per week
(7:30 am – 8:30 am)
- After Care only: \$60.00 per week
(3:30 pm – 6:00 pm)
- Before & After Care: \$90.00 per week
(7:30 am - 8:30 am) (3:30 pm- 6:00 pm)

Name of Child: _____

Camp Session Desired: _____

Start Date: _____ Parent/Guardian _____



Summer Camp Registration Form

Child's Name: _____ D.O.B _____

Home Address: _____

Dates Enrolled: _____

Parent/Guardian Name: _____

Telephone Numbers:

Home _____ Cell _____

Work _____ Email _____

Parent/Guardian Name: _____

Telephone Numbers:

Home _____ Cell _____

Work _____ Email _____

Emergency Contacts (Only list people that TC may release your child to.)

Name & Relationship: _____

Telephone Numbers:

Home _____ Cell _____

Work _____ Email _____

Name & Relationship: _____

Telephone Numbers:

Home _____

Cell _____

Work _____

Email _____

Child's Health Care Provider

Name: _____ Phone Num. _____

Address: _____

Child's Health Insurance

Name of Insurance Plan: _____

ID# _____

Subscriber's name on insurance card: _____

List special conditions, disabilities, allergies or medical information for emergency situations:

List preference for transport arrangement in an emergency situation: _____

(Parent/guardians are responsible for all emergency transportation fees.)

Hospital preference 1st Choice _____

2nd Choice _____

Parent/ Guardian Consent & Agreement for Emergencies

As parent/guardian, I give consent to have my child, _____ receive first aid by a Theatrical Corner team member, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's guardian. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above *to act on my behalf* until I am available.

Signature: _____