

Broadway Bound/Behind the Curtain – Summer 2022 – Registration Form

Thank you for registering for the Roxbury Community School Summer Camp Program.
Please note all applications will be assessed a \$25 per child non-refundable registration fee.

Student Information:

Name (First and Last): _____
Birthdate (mm/dd/yy): _____ Grade (Sept 2022): _____ Sex (M or F): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Special Accommodations: _____
School/District/State: _____
Departure Permissions (who is authorized to pick up your child): _____

T-Shirt Size: Youth-Small Youth-Medium Youth-Large Youth-XLarge
 Adult-Small Adult-Medium Adult-Large Adult-XLarge

Student Medical Information:

Medical/Orthopedic/Emotional/Behavioral Conditions: _____
Explain: _____
Allergies: _____
Allergy Medication Prescribed (please note if epi-pen is needed at camp): _____
Medications Taken Daily: _____
Medications to Take While at Camp: _____
Other Comments: _____

Program for which you are registering for: Broadway Bound - \$440 Behind the Curtain - \$385
 BB/BTC - \$795

Discount Opportunities: Roxbury Schools Employee Discount (excludes subs) - \$50 off first child
 Multi-Child Discount - \$50 off first child
 U.S. Military Discount - \$50 off first child

* Documentation may be requested to apply discount. Discounts will be applied to your balance.

Payment Method (Deposit/Registration Fee): Submit your application for full-time enrollment before 05/13/22 and the \$125 deposit/registration fee will hold your child's spot. Unpaid balances are due by the week of May 16th. Registration received after 06/01/22 will incur a \$25 late fee per child. Please send this form and payment and make checks payable to the Roxbury Community School (25 Meeker Street, Succasunna, NJ 07876). Please write "BB/BTC" in the memo line. Deposit (\$100) + \$25 non-refundable registration fee due at time of registration.

Cash Credit Card (If paying via Credit Card complete section below)
 Cardholder Name: _____
 Check (see line below) Account Number: _____
 Check # _____ Expiration Date: _____ CCV # _____
Total Amount Due: _____ Signature/Date: _____

Payment Method (Balance): Registration received after 06/01/22 will incur a \$25 late fee per child. Please send this form and payment and make checks payable to the Roxbury Community School (25 Meeker Street, Succasunna, NJ 07876). Please write "BB/BTC" in the memo line. Unpaid balances are due by the week of May 16th.

Cash Credit Card (If paying via Credit Card complete section below)
 Cardholder Name: _____
 Check (see line below) Account Number: _____
 Check # _____ Expiration Date: _____ CCV # _____
Total Amount Due: _____ Signature/Date: _____

Parent/Guardian Information: Confirmations and camp information will only be shared via email so please be sure to include a valid email address.

Name (First and Last): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ (C) _____ (W) _____
Email Address: _____

[turn over to complete page 2]

Emergency Contact Information: In case of illness, please list the contact information for at least one other person to be contacted in an emergency if parent CANNOT be reached.

Name (First and Last): _____
 Phone: (H) _____ (C) _____ (W) _____
 Relationship to Child: _____

Name (First and Last): _____
 Phone: (H) _____ (C) _____ (W) _____
 Relationship to Child: _____

Please initial in each box to the right acknowledging agreement and understanding.

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| <p>BEHAVIORAL ISSUES: The Roxbury Community Schools reserves the right to dismiss a child from camp because of behavioral issues. This program is not designed for one-on-one instruction and if we find this occurring, your child may be dismissed from the program. No refunds will be issued.</p> | |
| <p>MEDICAL DISCLAIMER: For participants needing to self-administer medication, please send in a doctor's note to the Community School. The only medication that can be self-administered are an epi-pen and/or an inhaler. A school nurse will not be present during this camp. In case of an emergency, students will be transported to the nearest medical facility and parents will be contacted. Students and parents agree to abide by all Roxbury School District policies and regulations. The Roxbury Township Board of Education, the Roxbury Community School, and its instructors assume no liability.</p> | |
| <p>RECEIPTS/REFUND POLICY: Confirmations will be sent via email only. All cancellations must be submitted in writing to the Roxbury Community School (comschool@roxbury.org). Deposits cannot be refunded for any reason unless the program itself is cancelled by the community school. Cancellations made in writing prior to 06/01/22 will receive 100% tuition refunded, less \$100. Cancellations made in writing received between 06/01/22-06/15/22 will receive 50% tuition refunded, less \$100. There will be NO refunds for cancellations made after 06/15/22. There is a \$35 service charge for returned checks. Participation in Community School activities is at your own risk. Students and parents agree to abide by all Roxbury School District policies and regulations. The Roxbury Township Board of Education, the Roxbury Community School, and its instructors assume no liability. To read the full Roxbury Community School policy, visit www.roxbury.org/RCSpolicies.</p> | |
| <p>MEDIA CONSENT: During Community School programs, arrangements are made to take pictures, video, or live-post to social media sites. School personnel, a media student or a newspaper photographer may obtain content for use in local media, in district publications, student publications/outlets to showcase the wonderful things happening within the district. Students' names may be included, especially in a caption of a picture containing their likeness. By completing this form, you agree to participate or have your child participate. Please write YES or NO in the box to the right.</p> | |
| <p>COVID-19 DISCLAIMER: Programs will run as health conditions allow. To avoid the spread of any illness/Covid, please keep your child home if they are experiencing health-related symptoms. Participants will need to follow district guidelines in regards to social distancing and masking while on premises.</p> | |

How did you hear about this program? Check all that apply.

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Website | <input type="checkbox"/> What's Happening E- Blast Newsletter | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Weekly Roxbury School's E-Blast Newsletter | <input type="checkbox"/> Word of Mouth | |
| <input type="checkbox"/> Flyer | | <input type="checkbox"/> Past Participant | |
| <input type="checkbox"/> Newspaper | | | |

Would you like to be added to the Roxbury Community School email contact list announcing different programs and trips? Yes No

Confirmations will be sent via email only. Mail this registration form and checks/cash to Roxbury Community School at 25 Meeker Street, Succasunna, NJ 07876. There are no refunds once the program begins. Participation in Roxbury Community School activities and trips is at your own risk. The Roxbury Township Board of Education assumes no liability. Credit card payments will be processed within 72 hours of receipt. By completing and submitting this form with the credit card information, you authorize the Roxbury Community School to make a one-time electronic payment to your credit card. This permission is for this transaction only and does not provide authorization for any additional unrelated credits to your account. For more information, visit www.roxbury.org/RCS, email comschool@roxbury.org, or call 973-584-7699.