

Recorded



# 2010 Registration Form

Camper's Name \_\_\_\_\_

Weeks Attending

- 1    2    3    4    5    6

**Personal Information and Registration:  
PAYMENT IN FULL IS DUE UPON REGISTRATION**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade entering 9/10: \_\_\_\_\_ Gender \_\_\_\_\_

Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Parent 1 name: \_\_\_\_\_ Parent 1 Cell \_\_\_\_\_ Parent 1 work: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_ Parent 2 work: \_\_\_\_\_

Emergency contact if parent cannot be reached:

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Medical Information**

My son/daughter \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

has my permission to attend The Montclair Kimberley Academy's S.T.A.R. Camp and is physically fit to participate in all scheduled activities. I can verify that my child has a current physical, dated \_\_\_\_\_ and has current immunizations.

Please list all known illnesses and serious injuries: \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication at this time? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_

\_\_\_\_\_

Is your child currently (or within the past 3 months) under a physician's care? Y \_\_\_\_ N \_\_\_\_ If yes, please explain:

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Your Child will be the STAR!

In order for us to build a 5-period schedule for your child and plan our staffing needs, please indicate your camper's top EIGHT (8) choices for classes. Rank in order from 1 – 8 under the week(s) your child will be attending. Every effort will be made to accommodate class requests. Campers will receive their schedules the week before they attend S.T.A.R. Camp.

<b>COURSE</b>	<b>SAMPLE</b>	<b>WEEK 1</b>	<b>WEEK 2</b>	<b>WEEK 3</b>	<b>WEEK 4</b>	<b>WEEK 5</b>	<b>WEEK 6</b>
All-S.T.A.R. Baseball							
Basketball Bonanza	6						
Cheerleading							
Fencing							
Golf	8						
Old School PE	1						
Rock Climbing							
Super S.T.A.R. Football							
All-S.T.A.R. Lacrosse	2						
Spectacular Soccer							
Strength and Agility Training	7						
Swimming							
Archery							
Art Adventures							
Blast of Broadway Drama							
Chess and Board Games	3						
Computer Genius I							
Computer Genius II							
Cooking Cuisine**							
Fashion Design							
Girls Rule							
Groove and Move Dance							
Legomania							
Papier-Mache Paradise							
Pinewood Derby Car Racing*	4						
Quick on the Draw!							
Robotics*							
Rocketry*	5						
S.T.A.R. Camp Idol							
S.T.A.R. Camp Journalists							
S.T.A.R. Camp Video							
Stitch and Stuff							

\* Please note: There will be an additional \$50.00 charge for these classes that will be billed separately.

\*\* Please note: There will be an additional \$10.00 charge for these classes that will be billed separately.

# STAR Camp Payment information

## PAYMENT IN FULL IS DUE UPON REGISTRATION

Week 1	June 28 - July 2	\$550	
Week 2	July 6 - July 9 (closed July 5)	\$440	
Week 3	July 12 - July 16	\$550	
Week 4	July 19 - July 23	\$550	
Week 5	July 26 - July 30	\$550	
Week 6	August 2 - August 6	\$550	
Non-refundable Registration Fee (per camper)		\$ 50	\$ 50
<b>Total</b>			

Cash, Personal Checks, Money Orders or Major Credit Cards accepted.  
Checks or Money Orders should be made payable to: The Montclair Kimberley Academy

Credit Cards accepted: Amex, Visa, Mastercard

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please indicate interest in any of the following options:

\_\_\_\_ Early Morning Service (7:30 – 8:30 a.m.)

\_\_\_\_ Extended Day Service (3:00 – 6:00 p.m.)

## Waiver

The Montclair Kimberley Academy reserves the right to use photographs of my child/children in school publications. Parents may restrict this right by advising the External Affairs Office in writing within 30 days of the execution of this agreement. I have read and understand the Fees and Enrollment section of the 2010 camp brochure. I accept the terms of this agreement.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all four pages of this form with payment to:**

The Montclair Kimberley Academy  
201 Valley Road  
Montclair, NJ 07042  
Attention: S.T.A.R. Camp  
Or fax to 973-783-7989