



Post Office Box 1034
Trenton, New Jersey 08606



Thank you for your interest in the Trenton Museum Society/Passage Theater Summer Art and Theater Camp. Enclosed you will find an application/registration form, a behavior agreement, a statement of interest form, a medical release form, and a Trenton Museum Society membership envelope. Please fill out a separate application for each child who is interested in attending the camp.

The Summer Art and Theater Camp, held from August 4 - August 15, is a two-week, full-day program for children ages 6 - 10, beginning at 9 AM and ending at 4 PM each day. Classes, taught by experienced and talented educators, are held at The Trenton City Museum at Ellarslie Mansion in beautiful Cadwalader Park, Trenton, NJ. On the last day of camp, all are invited to a performance at Mill Hill Playhouse on Front St. in Trenton. Students should bring their own lunches; refrigeration will be provided. Applications are for the full two-week program.

Class size is limited. The application packet, including all forms, and a \$50 reservation deposit (in the form of a check or money order, made out to "Trenton Museum Society") should be mailed to Trenton Museum Society/Summer Camp, PO Box 1034, Trenton, NJ 08606 by June 15, 2014. Applications will be considered in the order in which they are received.

Tuition for the camp is \$350 including a \$25 non-refundable administration fee. Trenton Museum Society members at the family level or above pay only \$300. For those students accepted into the camp, full tuition is due by July 1, 2014. The reservation deposit may be applied to the camp tuition.

If you have any questions, contact us at tms@ellarslie.org or call 609-989-1191.

Sincerely,

A handwritten signature in blue ink that reads "Carolyn P. Stetson".

Carolyn Stetson
Trenton Museum Society

A handwritten signature in blue ink that reads "David White".

David White
Passage Theater

Trenton City Museum
Ellarslie Mansion
Cadwalader Park
609-989-3632
www.ellarslie.org



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Summer Art & Theater Camp

For children ages 6 -10
Application and Registration Form

Student Information:

Last Name: _____ First Name: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Age: _____ Grade as of 9/14 _____ Gender: M ___ F ___

School: _____ District: _____

Parent or Guardian Information:

Name _____

Address: _____ City/State: _____ Zip _____

Work Phone: _____ Emergency Phone: _____

Email: _____

I hereby give my permission to the Trenton Museum Society and Passage Theater to use my child's name and/or picture for publicity purposes involving this or future children's programming.

Signature of Parent/Guardian: _____ Date: _____

How did you hear about the summer camp?

Trenton City Museum
Ellarslie Mansion
Cadwalader Park
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Behavior Agreement

Students may be dismissed for 1 day for inappropriate behavior; parents will always be informed of a problem. Fighting is NEVER tolerated and will be cause for immediate expulsion without warning and removal from all future classes. NO refunds are issued for these 2 types of dismissals. Please inform your child of this important provision. We feel the need to be very clear about our behavior expectations for the safety of your child, all our students and our staff. Please sign below that you understand this provision. *Unsigned applications will be returned.*

Signature of Parent or Guardian: _____ Date: _____

Statement of Interest

Please tell us in a paragraph or two why the student is interested in the Art and Theater Camp. Include a description of any visual art or theater classes or workshops the student may have attended. Older students should write their own statement.

Signature _____ Date _____

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Medical Release Form

In the event of an emergency or illness, I give permission to the staff or a designate of the Trenton Museum Society to handle any necessary medical treatment that my son/daughter may need while participating in an activity of the camp. I also give permission for my son/daughter to be treated at the nearest hospital if necessary.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Place of Employment: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Is student covered by medical/hospitalization insurance? YES NO

If YES, please provide the following information:

Policy Holder Name: _____

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Health Information:

Allergies or food restrictions: _____

Asthma? _____ Use an inhaler? _____

Medical condition or concerns: _____

Medications taken regularly: _____

Signature of Parent/Guardian: _____ Date: _____

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