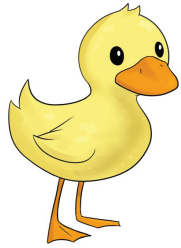


School Break Camp

The Creative Campus School Break Camp follows the local school district calendar and is offered when public schools are closed. Children may participate in daily creative enrichment opportunities and much more!



April 2, 2024

It's finally Spring! Let's out a little spring in our step and dance around just like our science experiments of Dancing Raisins

April 3, 2024

Let's have a groovy time at school break camp! Campers will have the opportunity to create a homemade lava lamp.

**Full Day: 7:00 AM- 6:00 PM
\$65.00 per day**

April 4, 2024

Springtime is the perfect time to get a little dirty. Children will have a grand old time making their own Cup of Dirt for a special snack.

April 5, 2024

Pizza and Movie!

Campers will enjoy pizza and a movie. We will be watching. *Wish Dragon* - Rated PG
Determined teen Din is longing to reconnect with his childhood best friend when he meets a wish-granting dragon who shows him the magic of possibilities.

\$2.00 for a slice of pizza and for any additional slices \$1.00.



Registration is due by March 22nd.

A \$15.00 fee will be applied if submitted after Due Date

In addition to our scheduled activities, campers will have the opportunity for classroom activities, board games, gymnasium play and outdoor courtyard fun.

Children with lifesaving medication must provide an Action Plan, Permission Form and Medication)

NUT FREE BUILDING

**For more information or to register,
email Mike Matone at mmatone@jointure.org or Jeanine Alpizar at Jalpizar@jointure.org.**

Please note: The Creative Campus School Break Camps are open to the public.

**All Children, registered jointure families and non-registered families are welcome to attend. **

The Creative Campus
580 Old York Road
Branchburg, NJ 08876
jointure.org
908-722-1563

School Break Camp

Office Use:
Allergy

Child's Name: _____

School District : _____ Age: _____

Birthdate: ____/____/____ ☐ Female ☐ Male

Mother/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

☐ Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Father/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

☐ Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Emergency Contact: _____
(Last Name) (First Name)

Doctor's Name: _____
(Last Name) (First Name)

Relationship: _____

Doctor's Address: _____

Cell Phone: _____

Phone Number: _____

Are there any allergies or medical conditions our staff needs to be aware of?

☐ Yes ☐ No If yes, please explain: _____

(Children with lifesaving medication must provide an Action Plan, Permission Form and Medication)

I hereby agree that The Jointure administration and the physicians selected, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/ Guardian: _____

Are there any parental legal custody issues that could prevent your child from participation in our program (i.e. weekend parent visitation, shared custody orders, restraining order, etc.)?

☐ Yes ☐ No if yes, please explain: _____

Please select the days you would like your child to attend: Branchburg (B) Bridgewater-Raritan (BR) Manville (M)

☐ 4/2-\$65.00(BR, B & M) ☐ 4/4-\$65.00(BR, B & M)

☐ 4/3-\$65.00(BR, B & M) ☐ 4/5-\$65.00(BR, B & M)

Signature of Parent or Guardian

Date



Date: _____

TO: The Creative Campus
580 Old York School
Branchburg, NJ 08876

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method which you intend to have withdrawals.

<div><input type="checkbox"/> Credit Card</div> <div><input type="checkbox"/> Direct Debit (PLEASE PRINT)</div> <div>Name of Card (Visa/MasterCard/ Discover / American Express): _____</div> <div>Cardholder's Name: Last Name: _____ First Name: _____</div> <div>Address of Cardholder: _____</div> <div>Card Number: _____ Phone Number: _____</div> <div>Exp. Date: _____ Security Code: _____</div> <div>*Please note a 3 % Credit Card Fee every transaction*</div>
<div><input type="checkbox"/> Direct Debit (please fill out form or attach a voided check) (PLEASE PRINT)</div> <div>Account Holder's Name: Last Name: _____ First Name: _____</div> <div>Bank Name: _____ Account Phone Number: _____</div> <div>ABA Routing Number: _____</div> <div>Checking Account Number: _____</div>
<div><input type="checkbox"/> Check *** Please make checks payable to "The Jointure"***</div>

Check the boxes that you give permission for pictures and video: ☐ Website ☐ Facebook ☐ Instagram

Waiver, Release, Indemnification and Hold Harmless Agreement

I understand that The Jointure activities have inherent risks and in consideration for my child's participation in Jointure programs, I hereby assume all risks and hazards incident to participation in all Jointure activities. I further wave, release, absolve, indemnify and agree to hold harmless the Jointure, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my child's participant in Jointure Programs.

I HAVE READ AND AGREE TO THE ABOVE, WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Signature of Parent or Guardian

Date