

Please **PRINT** your information in the following blanks:

Student's Name _____ Gender _____

Address: Street _____ City _____ Zip _____

Date of Birth _____ Parents _____

Home Phone _____ Parent Cell Phone _____

School attended 2009-2010 _____ Entering Grade in Fall 2010 _____

If either parent attended Prep, list here: _____

Parent/Guardian E-mail _____

IN ORDER TO RESERVE A PLACE IN ANY CAMP, FULL PAYMENT AND A COMPLETED REGISTRATION FORM MUST BE RECEIVED BY THE SCHOOL. Please check the camps that you plan to attend.

		ENTERING GRADES	DATES	TIME	COST
_____	Basic Sewing	5 th -adult	June 21-25	9:00-12:00	\$150/\$255 family package*
_____	Jewelry Workshop	4 th -adult	June 7-11	2:00-4:00 p.m.	\$130/\$220 family package*
_____	Woodfire Pottery Workshop	11 th -adult	June 7-8, 10, 14-15, 24 June 25 June 26	6:00-8:30 p.m. 5:00-7:30 p.m. 5:00 a.m. - until	\$200/\$340 family package*

*Family packages are limited to one parent/guardian or grandparent and child only. All others must pay the individual price.

_____	Chess Clinic (Session I)	4 th -12 th	June 14-17	1:30-3:30 p.m.	\$100
_____	Chess Clinic (Session II)	4 th -12 th	June 21-24	1:30-3:30 p.m.	\$100
_____	Desktop Publishing	3 rd -6 th	June 21-25	8:30-11:30	\$100
_____	Junior Robotics Club	5 th -8 th	June 21-25	1:00-4:00 p.m.	\$130
_____	PSAT Prep Workshop	11 th	July 6-16	1:00-4:00 p.m.	\$250
_____	Study Skills Workshop	6 th -7 th	June 7-11	1:00-3:30 p.m.	\$150
_____	Study Skills Workshop	6 th -7 th	June 21-25	1:00-3:30 p.m.	\$150
_____	Art Camp	1 st	June 21-25	8:30-11:30	\$135
_____	Art Camp	2 nd -3 rd	June 7-11	8:30-11:30	\$135
_____	Art Camp	2 nd -3 rd	June 21-25	1:00-4:00 p.m.	\$135
_____	Art Camp	2 nd -3 rd	July 12-16	8:30-11:30	\$135
_____	Art Camp	4 th -6 th	June 7-11	1:00-4:00 p.m.	\$135
_____	Art Camp	4 th -6 th	July 12-16	1:00-4:00 p.m.	\$135
_____	Art Camp	5 th -8 th	July 5-9	1:00-4:00 p.m.	\$135
_____	Band – Drum Set Camp	6 th -12 th	June 14-18	8:30-11:30	\$100
_____	Band – String Camp	3 rd -7 th	June 14-18	8:30-11:30	\$100
_____	Band – Trash Can Band Camp	3 rd -7 th	June 14-18	8:30-11:30	\$100
_____	Summer Showchoir Camp	3 rd -6 th 7 th -9 th	June 7-10 June 7-10	9:30-11:30 1:30-3:30 p.m.	\$125 \$125
_____	Theatre Camp	6 th -9 th	July 12-16	9:00-12:00	\$115

	<u>GRADES</u>	<u>DATES</u>	<u>TIME</u>	<u>COST</u>
_____ Baseball Camp	1 st -8 th	June 7-11	8:30-12:00	\$80
_____ Little Patriot Baseball Camp	Ages 4-6 years	June 14-15	9:00-11:00	\$30
_____ Basketball Camp - Boys	1 st -6 th	June 14-17	9:00-12:00	\$80
_____ Basketball Camp - Boys	7 th -9 th	June 14-17	1:00-4:00 p.m.	\$80
_____ Shooting Camp - Boys	4 th -9 th	June 10-11	1:00-4:00 p.m.	\$35
_____ Basketball Camp - Girls	1 st -6 th	June 7-10	9:00-12:00	\$80
_____ Basketball Camp - Girls	7 th -9 th	June 7-10	1:00-4:00 p.m.	\$80
_____ Cheerleading Camp	1 st -6 th	July 12-15	9:00-11:30	\$100
_____ Fast-Pitch Skills Camp	2 nd -9 th	June 21-24	9:00-12:00	\$85
_____ Football Camp	4 th -9 th	July 12-15	8:30-12:00	\$80
_____ Soccer Camp (Session I)	1 st -6 th	June 7-10	3:00-5:00 p.m.	\$85
_____ Soccer Camp (Session II)	7 th -9 th	July 6-9	9:00-11:00	\$85
_____ Attacking Skills Soccer Camp	4 th -9 th	July 12-14	4:00-6:00 p.m.	\$45
_____ Tennis Camp	3 rd -8 th	June 28-July 1	9:00-11:30	\$85

All participants in the athletic camps and the Summer Showchoir Camp will receive a T-shirt! Please write what size your child/children will need, making sure to designate YOUTH or ADULT sizes.

Child's/Children's Name(s) and Size(s) _____

In case of emergency, contact: Name _____ Day Phone # _____

Name _____ Day Phone # _____

I, _____ (parent), certify that _____ (applicant) is in good health. I further certify, knowing the camp will be under close supervision, that I will not hold Jackson Preparatory School, its faculty, or the directors of the camp responsible for injuries or sickness incurred by my child during the camp.

Signed: _____ Date: _____

Jackson Preparatory School uses photographs of camp participants in future camp brochures and area newspaper advertisements regarding summer camps unless otherwise notified. **If you do not want your child's/children's picture included in these publications, then please sign below.**

Do NOT use my child's/children's photo: _____

**RETURN FORM TO:
Jackson Preparatory School
ATTN: Cindy Brooks
Post Office Box 4940
Jackson, MS 39296-4940**