



# PARK PLAYERS

## Summer Theater Workshop FOR GRADES 1-7

Midland Park Community School is pleased to offer PARK PLAYERS, Summer Theater Workshop for those entering Grades 1-7 (as of September 2024). Caitlin Shannon will be continuing her role as coordinator to help make this summer the best it can be! Caitlin is a high school teacher in Fair Lawn and has attended Park Players as a camper! She is excited to continue a 25 year old summer tradition and looking forward to a very dramatic summer.

During the summer workshop, campers will be introduced to drama and theater and ultimately develop acting skills through games, music, and activities like auditioning, rehearsing, acting and singing. Campers will be placed into groups by grade and will put on a fantastic show at the end of the 3 week camp! Camp will run beginning on July 29 and ending on August 15 (Thursday). A performance will be held on the evening of August 15 at 7pm for friends and family to attend. We ask that each camper commit to attending every day to the best of their ability to respect the other campers and the integrity of our show!

### CAMP SCHEDULE:

Week 1	July 29-August 2: 9am - 12:30 pm
Week 2	August 5-9: 9am - 12:30 pm
Week 3	August 12-15: 9am - 1 pm (NO camp will be held on Friday)
Performance	August 15 at 7pm

Park Players Location	Midland Park High School, 250 Prospect St., Midland Park, NJ 07432 Location: Auditorium
MPCS Office Telephone/Fax	201-444-2030 / Fax 201-444-2091
Contacts	Beth Kasbarian. Maggie Kauker
Website	<a href="http://www.mpsnj.org">www.mpsnj.org</a> (Community School)
Staff Email Addresses	<a href="mailto:mpcs@mpsnj.org">mpcs@mpsnj.org</a> ; <a href="mailto:bkasbarian@mpsnj.org">bkasbarian@mpsnj.org</a> ; <a href="mailto:Mkauker@mpsnj.org">Mkauker@mpsnj.org</a>
Online Registration	<a href="https://register.communitypass.net/midlandpark">https://register.communitypass.net/midlandpark</a>

**MPCS IS OFFERING AN AFTERNOON SESSION AT OUR SUMMER CAMP HELD AT MPHS TO ALL REGISTERED STUDENTS IN THE PARK PLAYERS WORKSHOP. PLEASE CALL THE OFFICE AT 201-444-2030 OR EMAIL [MPCS@MPSNJ.ORG](mailto:MPCS@MPSNJ.ORG) FOR MORE INFORMATION.**

## GENERAL INFORMATION AND GUIDELINES (keep for your records)

### DROP OFF/PICK UP PROCEDURES:

**Drop Off:** Parents/Guardians should drop off campers by the main entrance in the front of the High School (via Prospect Street).

**Pick Up:** Parents/Guardians should pick up campers at Door #14 along the front circle of the high school. Door #14 is the auditorium door just between the main entrance and the band room entrance. Those picking up campers should stay in their cars and pull up so we can release your camper(s) to you.

### BEHAVIOR POLICY:

Please refer to the BSCC/ASCC Program Handbook listed on our website: [www.mpsnj.org](http://www.mpsnj.org), select Community School, located under BSCC/ASCC Program Tab.

### WHAT TO BRING:

Every day, campers should bring a backpack with their name on it that includes a snack and their script/music that will travel with them back and forth. If campers prefer, snacks can also be purchased from the "snack bar." Campers should wear sneakers or other secure shoes with rubber soles as they will be exercising and dancing throughout the day. A sweater or light jacket is also encouraged as it can get cold inside the auditorium when the air conditioning is on.

### HEALTH AND SAFETY:

A Medical/Emergency Information form (attached) must be completed for each child. There is no nurse available during the program and our staff cannot administer medication. Our employees are not trained health care professionals, but have been trained to administer the Epi-Pen/Inhaler. Parent/Guardian will be responsible for providing the Park Players with an Epi-Pen/Inhaler, in its original box with the original prescription, labeled with the child's name. The device will be kept in a readily available, secure location at the child's site. In the event that the child is in need of an Epi-Pen for allergic symptoms, the Park Players delegate will administer an Epi-Pen/Inhaler to the child. His/her parent/guardian, should be aware of the expiration date and renew the injector/inhaler when needed. Epi-Pen/Inhaler: The child's parent/guardian must be notified once an Epi-Pen is used and 911 must be called as a precaution should the child need additional Epi-Pen serum. If the parent cannot get to the school for their child, the emergency contact will be notified and they become the responsible party. In addition, a person 18 or older must accompany the child and ride along with the 911 responders to the hospital.

### INSURANCE:

The parent/guardian's primary insurance will be used in case of accident or injury while participating in the program. The District only provides secondary insurance coverage; the parent/guardian is responsible for expenses related to any accidental injuries. Emergency Medical Procedure: In the event of a medical emergency, the staff will first attempt to contact the parent/guardian listed. If both the parent/guardian and the emergency contacts cannot be reached and the child needs immediate medical attention, the staff will act on your behalf in granting permission for the child to receive emergency treatment by Professional Emergency Personnel.

### LIABILITY POLICY:

We shall indemnify and hold the Midland Park Board of Education harmless from any and all claims for injuries, losses, damages and costs that may be incurred while my child attends the Midland Park Community School Park Players Workshop.

**\*\*Please sign the statement on the registration form acknowledging receipt of above guidelines as well as the refund policy\*\***

## SCHEDULE AND FEES

Camp will be \$395 for one child , 10% discount for each additional child for the entire 3 week workshop.  
Payment in full is due at time of registration. Please fill out separate forms for each child registered.

### HOW TO REGISTER:

- Online at <https://register.communitypass.net/midlandpark>
- Call MPCS office at 201-444-2030
- Fax form to 201-444-2091
- Mail or drop off registration forms with payment to MPCS-250 Prospect St., Midland Park, NJ 07432

**\*\*Please include a one-time registration fee of \$25 per child or \$40 per family (max) with your payment.\*\***

### PAYMENT OPTIONS:

\_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ E-check \_\_\_ Check -payable to "MPCS"

CC Account # \_\_\_\_\_ Exp. date \_\_\_\_\_ CVC# \_\_\_\_\_

Name of Bank (E-Check) \_\_\_\_\_  Individual  Company

Routing # (E-Check) \_\_\_\_\_ Bank Acct.# (E-Check) \_\_\_\_\_

Signature \_\_\_\_\_

### REFUND POLICY:

- Registration Fees are non-refundable.
- No refunds or credits will be issued for cancellations for any reason after June 30th.
- No refunds or credits will be issued for vacations or any incidental absences.

**LATE PICK UP FEES:** A late fee charge of \$3.00 per minute will be charged to your account if your child is picked up after their scheduled pick up time.

**REGISTRATION FORM - (SPACE IS LIMITED!)**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade (as of **9/2024**) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

	Parent/Guardian #1	Parent/Guardian #2
Name		
Address		
City, State, Zip		
Cell Phone		
Additional Phone		
Email Address		
	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.

**GENERAL INFORMATION AND GUIDELINES**

I have read and understand the terms and agree to abide by the regulations as stated in the "General Information & Guidelines" (located in this packet) and Refund Policy in consideration of my child being accepted in the MPCs Park Players program. I understand that failure to abide by any part of this agreement may result in dismissal of my child from the program.

X \_\_\_\_\_  
 Parent/Guardian Signature Date

**WEBSITE/PUBLICITY CONSENT**

Under both District guidelines\* and State law, student photos will only be used for publicity purposes with prior parental permission. Therefore we request that you complete the form below and return it to the school as soon as possible.

\*WEBSITE PHOTOS – the District will not post any personally identifiable information about our students on our website for students in grades K-8. Personally identifiable information includes students' full names, residential addresses, email addresses, and phone numbers. Neither will post the locations and times of class trips on our website. A student's first name and the first initial of their last name will be used to identify student work (artwork, poetry, etc.) posted. Any photographs posted on the website would not include any student names. "NEWSPAPER PUBLICITY – local newspaper photos may be posted with student names. If you, as a parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the principal of your child's school and it will take effect upon receipt.

\_\_\_\_\_ I/We GRANT permission for this student's photos, including video images, to be published in area newspapers and on the District website.

\_\_\_\_\_ I/We DO NOT GRANT permission for this student's photos, including video images, to be published in area newspapers or on the District website.

X \_\_\_\_\_  
 Parent/Guardian Signature Date

# MEDICAL/EMERGENCY INFORMATION

(Any changes must be in writing (e-mail is acceptable))

Camper Name (Please complete separate forms for each child registering)

Emergency Name/Numbers (other than parents): Please list the name, and phone number of person(s) that your child may be released to in case of emergency or illness when parent(s) or guardian(s) are not available.

Name/Relationship Phone # (Please circle: Home/Cell/ Work) Alt. Phone # (Home/Cell/Work)

Name/Relationship Phone # (Please circle: Home/Cell/ Work) Alt. Phone # (Home/Cell/Work)

## MEDICAL CONDITIONS/DISABILITIES/RESTRICTIONS:

ALLERGIES: Please list all known allergies, allergic reactions and management

## CURRENT MEDICATIONS:

Does your child require an Inhaler? (Please circle): YES or NO

Does your child require an Epi-Pen? (Please circle): YES or NO

If yes, please sign the authorization below:

The child's Parents/Guardians must be notified once an Epi-Pen is used and 911 must be called as a precaution should the child need additional Epi-Pen serum. If the parent cannot get to the school for their child, the emergency contact will be notified and they become the responsible party. In addition, a person 18 or older must accompany the child and ride along with the 911 responders to the hospital.

## Epi-Pen/Inhaler Parental Permission - Authorization to Administer:

I understand that this employee is not a trained health care professional, but has been trained to administer the Epi-Pen/Inhaler. I also understand that I will be responsible for providing the MPCS program with an Epi-Pen/Inhaler, in its original box with the original prescription, labeled with my child's name. The device will be kept in a readily available, secure location at my child's site. In the event my child is in need of an Epi-Pen for allergic symptoms, I authorize MPCS staff to administer an Epi-Pen/Inhaler to my child. I, as his/her parent/guardian, will be aware of the expiration date and renew the injector/inhaler when needed.

Parent/Guardian Signature

Date

Insurance: The parent/guardian's primary insurance will be used in case of accident or injury while participating in the program. The District only provides secondary insurance coverage; the parent/guardian is responsible for expenses related to any accidental injuries.

Name of Insurance Company

Policyholder

Policy #

Emergency Medical Permission: In the event of a medical emergency, the staff will first attempt to contact the parent/guardian listed. If both the parent/guardian and the emergency contacts cannot be reached and my child needs immediate medical attention, I authorize the MPCS staff to act on my behalf in granting permission for my child to receive emergency treatment by Professional Emergency Personnel.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date