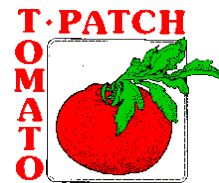


2018
Tomato Patch
Registration Packet



Welcome, and thank you for your interest in Kelsey Theatre's Tomato Patch 2018 Workshops!



In order to complete the registration process, the enclosed material is required:

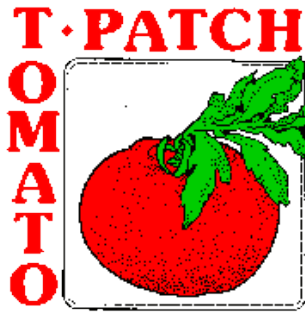
- **Registration Form**
 - All information must be complete; cell phone number & email address are required.
- **Course Selection Form**
 - Pick only ONE major, but note first, second and third choices for afternoon classes. Classes are filled on a “first come, first served” basis, but requests will only be processed once entire packet is complete and full tuition is received.
- **Medical Forms**
 - Must be completed and physician’s immunization records must be attached.
- **Optional:**
 - **Before & After Care Form**

PLEASE NOTE THE FOLLOWING:

- This entire packet (including full tuition & doctor’s immunization records) is required for your child’s Tomato Patch enrollment. Submitting partial paperwork will only delay their registration and class scheduling.
- On the first day of class, Orientation begins at 9:00 am. Parents are welcome to attend; it should only last about 15 minutes and gives you a chance to meet the staff. Maps and schedules are provided and students are taken on a campus tour.
- Drop off and pick up of students is at the Kelsey Theatre. Drop off begins at 8:30 am; students arriving earlier must be enrolled for our Before Care service. Pick up ends at 4:30 pm; students leaving later must be enrolled in After Care. (Registration form is included in this packet.)
- Students may sign themselves in; however, YOU are REQUIRED to sign them out when they leave Tomato Patch unless you tell us otherwise. For your convenience, the enclosed application now gives you the option to permit your child to sign them self out! Just check the appropriate box and you’re set!
- There is an “Evening of the Arts” scheduled on the last TWO days of Tomato Patch at 7:00 pm. Performers are required to attend BOTH events!
- Included in the tuition cost:
 - Pizza parties for the students prior to each performance.
 - A professionally recorded and edited DVD of the performance.
 - (DVD is mailed to your home just in time for the holidays!)
 - A Tomato Patch t-shirt to be worn during the performance.
 - (NOT included in the Master Class tuition.)
- Tickets to the “Evening of the Arts” are NOT included in the tuition cost. Tickets will be available for \$5.00 each two weeks prior to the performance. You can purchase tickets online at www.kelseytheatre.net or by calling the Box Office at 609-570-3333.
- ALL requirements are to be met PRIOR to attendance of our program. Requirement deadlines including full tuition and all necessary paperwork are:
 - Session I – June 11, 2018
 - Session II & Master Class – July 9, 2018
- Please send paperwork to:

**Kelsey Theatre/MCCC
Attention: Tomato Patch
PO Box 17202
Trenton, NJ 08690**

Please visit www.kelseytheatre.net for our Frequently Asked Questions page,
or contact Lyndsey Goehrig (609-570-3566; projects@mccc.edu) with any questions.



Registration Checklist

(for your personal use; not required to be submitted)

Sending partial paperwork will only delay your child's registration and class scheduling; your file will remain in pending status until ALL requirements are met.

This checklist is provided to assist you in the process, please make sure you remembered to include:

PAYMENT IN FULL -

Session I \$875
 Session II \$795
 Master Class \$725

Credit card information must be complete; please provide a billing address if it is different than your mailing address. Checks should be made payable to Kelsey Theatre/Tomato Patch.

REQUIREMENTS -

Registration Form (Email and cell phone number are required)
 Course Selection (with first, second and third choice of classes)
 Medical Forms (State of NJ Requirement)
 Immunization Records (State of NJ Requirement)

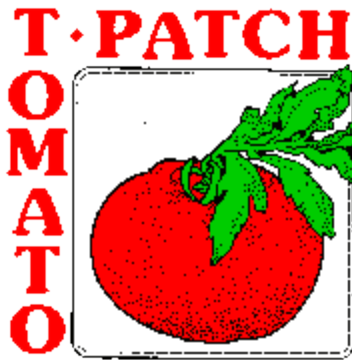
IF APPLICABLE -

Before/After Care Fee (added to tuition) \$ _____

SEND ALL PAPERWORK TO -

Kelsey Theatre/MCCC
Attn: Tomato Patch
PO Box 17202
Trenton, NJ 08690

CONTACT: Lyndsey Goehrig
Phone : 609-570-3566
FAX 609-570-3843
projects@mccc.edu



Refund & Cancellation Policy

IMPORTANT INFORMATION PLEASE READ CAREFULLY

- A 100% refund of tuition (not including the \$25 processing fee) will be given if written notice of withdrawal, provided by parent/guardian, is received prior to the beginning of the program.
- A 50% refund (not including the \$25 processing fee) will be given if written notice of withdrawal, provided by parent/guardian, is received prior to the second day of class.
- NO refunds will be processed after the second day of class.
- Refunds will be paid by check, which is processed through Mercer County Community College's Accounting department. Processing time is approximately six (6) weeks.

Mercer County Community College reserves the right to dismiss any student who becomes a disciplinary problem in the Tomato Patch program; tuition will not be refunded.

Federal Tax ID #22-18042-42

Payment

You may pay by check, or by Visa, MasterCard, American Express or Discover.
NOTE: You must include the \$25 non-refundable application fee plus tuition.
Tuition includes t-shirt, Pizza Party on performance dates, and DVD of art exhibit and festival. (*T-shirt not included in Master Class or Fantastic Friday*)

Please charge my card for the tuition fee of \$_____ to:

Enclosed, please find my check for the tuition fee in the amount of \$_____.

*(Please make check payable to Tomato Patch/MCCC.
Include the student's name on the check.)*

CHARGE TO:

___ VISA	___ MASTERCARD	___ AMEX	___ DISCOVER
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Card Number: _____

Expiration Date: /
MM/YY

Security Code: _____

Cardholder's Name (as appears on the card): _____

Cardholder's Signature: _____

Please print this form, and mail the completed form with payment to:

**Tomato Patch 2018
Mercer County Community College
P.O. Box 17202
Trenton, NJ 08690**

Tomato Patch is funded in part by The Mercer County Cultural and Heritage Commission and the NJ State Council on the Arts/Department of State.

TOMATO PATCH 2018 COURSE SELECTION

**DO NOT SUBMIT WITHOUT FULL TUITION PAYMENT & COMPLETE PACKET
ATTACHED, INCLUDING MEDICAL FORMS
& IMMUNIZATION RECORDS**

CLASSES ARE FILLED ON A "FIRST COME, FIRST SERVED" BASIS

This selection pertains to Sessions I & II --
**see the special notice attached in this packet
regarding Session I's schedule change.**

PERIOD 1 (8:45-10:00) & PERIOD 2 (10:10-11:25)

Select ONE MAJOR:

PERFORMANCE MAJORS	Students study the fundamentals of vocal, dance or acting. <u>VOCAL</u> : Emphasis is on projection, articulation, breath control and pitch. <u>ACTING</u> : Techniques of creating a role and working on stage as well as exercises to develop focused concentration and relaxation. <u>DANCE</u> : Encompasses modern forms and styles of expression in contemporary and classical dance. Students will also rehearse, in selected groups, performance material from all three disciplines for the Festival of the Arts performance.		
	___ VOCAL	___ ACTING	___ DANCE

VISUAL ARTS MAJORS (20 student limit)	Three Dimensional Design & Painting - 3D sculptures will be created by combining shapes and forms using a variety of material such as wood, papier-mâché, plaster, wire, Paris craft & fabric. The emphasis is on construction, discovery and experimentation in order to create original pieces of 3D art works. Painting will be included with the focus on exploring the fundamentals of color and composition. Students will study the color wheel and be introduced to many painting techniques. Materials will include tempera, acrylic and water color paints. Each student will stretch his/her own canvas. Students will proceed at their own level with a lot of personalized instruction. An exhibit will be displayed at the end of the session at the Festival of the Arts.		
	___ VISUAL ARTS		

Student Name: _____

SI SII

LUNCH (11:25-11:55)

PERIODS 3-6

After lunch, students attend electives for Periods 3-6. See the following selections.

Please be sure to note first, second, and third choices, as some of these classes have limited seating and are filled on a "first come, first served" basis.

PERIOD 3 (12:00-1:00)			
<i>(please list 1st, 2nd and 3rd choices)</i>	CLASS	STUDENT LIMIT	DESCRIPTION
	Two Dimensional Art Using Multi Mediums	20	Students will create painting, designs and use printmaking techniques. Color, composition, balance & creativity are the emphasis of this course. Projects will be inspired from nature, drawing, from life, photographs and imagination. Demonstrations & critiques will supplement classroom work.
	Video Production	15	Students will learn all aspects of video production including storyboarding, camera, producer, director and onscreen talent. They will create a video for display at the Festival of the Arts gallery exhibit.
	Acting For Stage And Camera	15	A course for students who want to explore their performance skills for stage, and learn the differences between stage acting and film acting.
	Dance Styles		The student is exposed to several styles of dance, which might be encountered in the production of a musical; these include correct period dances and interpretational dance styles. Students learn and rehearse pieces as an ensemble.
	Vocal Solos	15	Students will work with the coach to develop a polished vocal solo appropriate for their range, which can be used as an audition piece.
	Children's Theater		Students learn the basic acting principles and participate in selected scenes from plays written for children. Scenes are presented in the Festival of the Arts performance.

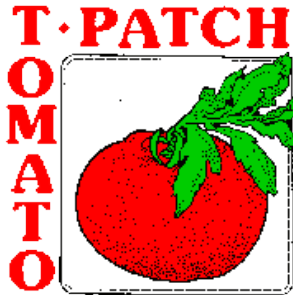
PERIOD 4 (1:05-2:05)			
<i>(please list 1st, 2nd and 3rd choices)</i>	CLASS	STUDENT LIMIT	DESCRIPTION
	Drawing, Pen, Ink & Pastels	20	This is a basic course in understanding perspective, shape, line, form and value. Pencil and charcoal will be used to create drawings and still lives. Landscapes will be created using pastels. Pen & ink techniques will be introduced. Demonstrations and critiques will supplement classroom work.
	Video Editing	20	This course will teach students the basic concepts of editing. Students will learn to use editing software working with footage on a timeline. Video editing concepts such as continuity, sequencing and green screening will be explored. Class will work on video from Video Production classes as well as their own videos.
	Vocal Ensemble	65	Students will learn, polish and perform pieces in three and four part harmony.
	Children's Theater	15	Students learn the basic acting principles and participate in selected scenes from plays written for children. Scenes are presented in the Festival of the Arts performance.
	Jazz Dance		The student learns the fundamentals of jazz dance techniques with emphasis on syncopated rhythms and body movement isolations.
	Comedy	15	Students will explore three areas of comedy (Dramatic, Physical & Stand-Up)

Student Name: _____

SI SII

PERIOD 5 (2:10-3:10)			
<i>(please list 1st, 2nd and 3rd choices)</i>	CLASS	STUDENT LIMIT	DESCRIPTION
	Web Video – Safe & Fun	15	This course will emphasize the technical and aesthetic concepts necessary to create a safe and fun video for YouTube, Facebook or Webpage. Course will include planning, production and post-production including uploading and compression techniques. Privacy, broadcasting and sharing dos and don'ts will also be covered.
	3D Design	20	Three-dimensional sculptures will be created by combining shapes and forms using a variety of material such as wood, papier-mâché, plaster, wire, Paris craft and fabric. The emphasis is on construction, discovery and experimentation in order to create original pieces of 3D art works. The projects will be different from the morning class.
	Whose Line Is It Anyhow?		This course is designed to enhance the student's improvisational skills. Students deal with a large variety of improvised situations using their imaginations as a springboard.
	Musical Theater	65	Students explore and rehearse small scenes and numbers from musicals. Recommended if interest is in theatre and/or voice.
	Hip Hop	30	Move and groove as you learn the high energy urban street movement, hip hop, as seen in your favorite music videos. It's an exciting way to learn one of the most popular dance disciplines in the entertainment industry today.
	Advanced Acting	15	An advanced course for students who want to refine their performance skills. Course will discuss text analysis and development of scene interpretation skills.

PERIOD 6 (3:15-4:15)			
<i>(please list 1st, 2nd and 3rd choices)</i>	CLASS	STUDENT LIMIT	DESCRIPTION
	A Capella Singing	40	Students will be given the opportunity to sing without an instrumental net! The a capella workshop will include exposing the students to different styles of a capella singing, teaching the students how to emulate instrumental sounds with their voices, and creating their own a capella arrangements of their favorite songs. Singing a capella is perfect for improving not only vocal skills, but also ear training, tuning and blending with other voices.
	Hip Hop	30	Move and groove as you learn the high energy urban street movement, hip hop, as seen in your favorite music videos. It's an exciting way to learn one of the most popular dance disciplines in the entertainment industry today.
	Musical Comedy		Student will explore principles of comedy, incorporating the elements of wit and physical comedy, with movement and music to develop a short presentation.
	Creative Theater		Re-imagining scenes from their favorite stories, students will create an original play focusing on the invention and development of their own character and the magic of ensemble storytelling.
	Making Music Videos	15	Express your creativity and bring a song to life. The class will choose a song, create a concept, and shoot and edit a music video. Course will include EFP (Electronic Field Production) green screen techniques, and basic post production. The final edit will be included in the DVD.
	Stage Makeup Techniques	15	Explore how actors and makeup artists use stage makeup to define characters, enhance or change features, simulate real-life wounds and scars, or create fantasy characters.
	Computer Art	20	Students will learn how to use an art tablet with Photoshop on the computer to draw and create images just as you would on paper. The class will also go over basic digital art concepts like using layers, filters and effects. There will be one finished piece due at the end of each week that will be printed out and shown in the gallery on the performance nights. Experimentation with the program and tablet is encouraged.
	Stage Combat	20	Combat techniques for the stage will feature hand to hand combat and selected theatrical weapons; focus will be on safety.



SESSION I SCHEDULE ADJUSTMENT FOR 2018

FOR SESSION I PARENTS:

We will NOT have camp on WEDNESDAY, JULY 4 to observe Independence Day.

I have read the above schedule change.

SIGNATURE: _____ DATE: _____

Before & After Care Registration

Morning drop off begins at 8:30 am;
students arriving prior to 8:30 are required to be registered for Before Care services.

Afternoon pick-up ends at 4:30 pm;
students leaving after 4:30 are required to be registered for After Care services.

____ Before Care 7:15 – 8:30 am
\$40 per week (x _____ weeks = \$ _____) OR \$10 per day (x _____ days = \$ _____)
____ After Care 4:30 – 6:00 pm
\$60 per week (x _____ weeks = \$ _____) OR \$15 per day (x _____ days = \$ _____)

Student _____

Session: SI SII MC

Parent/Guardian _____

Home Phone _____ Work _____ Cell _____

Address _____

Credit Card # _____ Exp _____

CV# _____

Signature _____

Date _____

Check # _____

Make checks payable to: Kelsey Theatre/Tomato Patch

To ensure staffing needs and the safety & supervision of your children, we require students to be pre-registered for this service. Students are picked up and dropped off at **the Kelsey Theatre lobby**. Students are required to sign themselves in; however, **you** are required to sign them out.

- ✓ **SIGN OUT PERMISSION:** I hereby give permission for my child to sign themselves out of After Care at the end of the day in order to avoid long waiting lines.

Parent/Guardian Signature

Student Name: _____

SI SII

TOMATO PATCH MEDICATION REQUEST

I request MCCC staff to administer the medication described below to my child:

Name: _____ Date of Birth: _____

Name of medication: _____

Amount to be administered: _____ Time(s) to be given: _____

Reason: _____

Phone Numbers: _____ Side effects: _____

Parent Signature/Date: _____

IMPORTANT – PLEASE READ: Administering medication is discouraged; however, some children with various illnesses and disabilities will require medication during camp hours. If medication must be administered, please complete and sign this form for **each** medication, including over-the-counter drugs. This form may be copied as needed. **Notify the camp director in writing if there is a change in the medication, or if it should be discontinued. Medication must be delivered in the original container**, appropriately labeled by the pharmacy or physician, and handed to a camp administrator or nurse **with a completed and signed copy of this form.** The medication will be held in the health office and must be taken by the camper under staff supervision. **(Medications that a child must carry throughout the day for self-administration must have a completed *Self-Medication Permission*.)**

PHYSICIAN SIGNATURE (REQUIRED) _____

*Health Office – SC 141 * Telephone (609) 570-3777*

TOMATO PATCH SELF-MEDICATION PERMISSION

Complete this section only if self-medication is required

Name: _____ Date of Birth _____

Tomato Patch Session or Program: _____

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well-being, I hereby grant my child the authority to carry his/her medication _____ and to self-administer it as directed by the prescribing physician when needed.

Name of Medication _____ **Dose/Amount** _____

Condition requiring self-medication: _____

In granting this permission for my child to self-medicate, I hereby absolve Mercer County Community College and all its employees from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____ **Date:** _____

PHYSICIAN'S AUTHORIZATION

The above-named patient must use _____ by self-administration. He/she has been instructed in its proper use.

Physician's Signature: _____ **Date:** _____

Note: A completed and signed copy of this form must be given to the camp director or nurse no later than the first day of camp or the first day that the child brings the medication to camp. (609)570-3777.

MERCER COUNTY COMMUNITY COLLEGE—SUMMER CAMPS

HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE 18

This form must be completed with immunization dates and returned with EACH camp application.
NOTE: A doctor's signature is NOT required on this form.

NAME OF STUDENT _____
Last First MI Birthdate

Male Female

Parent/Guardian #1 Name: _____ Daytime Phone: _____
 Cell Phone: _____

Parent/Guardian #2 Name: _____ Daytime Phone: _____
 Cell Phone: _____

Alt. Emer. Contact: _____ Daytime Phone: _____

Family Physician: _____ Daytime Phone: _____

PLEASE COMPLETE THE FOLLOWING:

For the safety of your child, do not withhold any pertinent medical information.

1. Were you ever advised not to allow this child to play in any sports? YES* NO
2. List any malfunction or loss of an organ: _____
3. List any allergies including bee stings, peanuts, hives, asthma: _____
4. Currently under physician's care for: _____
5. Current medications being taken: _____
6. Will your child need medication at camp? N Y Name of Medication _____

If yes, please bring medication and doctor's signed authorization to the nurse on the first day your child attends camp. Does your child currently have an IEP, 504, or Special Accommodations during the School year? If yes, please attach appropriate documentation.

- | | YES* | NO |
|--|--------------------------|--------------------------|
| 7. Has this child: | | |
| (a) had difficulty with sight? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) had difficulty with hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) ever been unconscious after an injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) had a fracture or dislocation within the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) ever experienced high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) ever experienced chest pain/palpitations? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) had to stay in the hospital overnight within the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) other _____ | | |
| 8. Does this child have a history of: | | |
| (a) fainting with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) undue tiredness/fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) a family member having sudden unexplained death under the age of 40? | <input type="checkbox"/> | <input type="checkbox"/> |

* Please explain (attach extra pages if necessary.)

According to state law, all campers must be immunized or submit a statement from a physician that immunization is in progress.** **IMPORTANT: ATTACH A CURRENT COPY OF IMMUNIZATION RECORD FROM DOCTOR'S OFFICE.**

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Mercer County Community College. My child's medical insurance carrier is _____
 I authorize MCCC to share pertinent health information with camp staff as needed to safeguard my child's health. My hospital of choice is _____. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

**NOTE

1. If there is a religious exemption to immunization of a child, a written statement must be submitted and signed stating that the child is in good health, that you (the parent) will assume full responsibility for his/her health while in camp, and that immunization interferes with the free exercise of the campers' religious rights.
2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH CAMP APPLICATION