

Camper's Application Form

W

**Application must include camp health form
and
immunization record for acceptance.**

Application, medical forms and deposit must be sent by U.S. Mail

www.franklincountrydaycamp.com



Please print and complete all information

Name of Camper _____ Grade (currently attending) in School _____

Home Address _____ Street _____ Town/State _____ Zip Code _____

Telephone _____ Birth Date _____ Age _____

School _____ (M) Male / (F)Female _____

Parent's Name _____ email address _____

Business Address of Father _____ Cell phone _____ Father's Business Phone _____

Business Address of Mother _____ Cell Phone _____ Mother's Business Phone _____

Name of neighbor or relative in case of emergency when parent's cannot be reached _____

Address _____ Telephone _____ Relationship _____

From what source did you hear of Franklin Country Day Camp? _____

If your child would like to be with a friend attending the same session and is in the same grade, please put name here _____

A \$100.00 per session, per child, enrollment fee, deductible from tuition (unless a session is cancelled) must accompany this application. If you sign up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100.00, for that session is not refundable and may not be deducted from the final payment. Checks should be made out to **Franklin Country Day Camp**. Balance of camper's **tuition must be paid on or before *June 1st for all sessions.**

THERE WILL BE NO REFUND FOR CANCELLATION AFTER MAY 1st.

Tuition for 2018 is \$710.00 per two week session

Please check session (s) desired

- July 9 thru July 20 (First Session) \$ _____
- July 23 thru Aug 3 (Second Session) \$ _____
- Aug 6 thru Aug 17 (Third Session) \$ _____

***Total tuition due on or before June 1st (for ALL sessions) \$ _____**

**We reserve the right to cancel any camper's contract that is not paid by June 1st. If we cancel your child's contract, we will return any monies paid to Franklin Country Day Camp (less a \$50.00 per child bookkeeping charge), as we maintain a long waiting list of children wishing to enroll by June 1st.*

Date of Application _____

Signature _____

The following information will greatly aid us to understand your child better. Kindly complete the questionnaire below and return with the application form

Name of Camper _____ Nickname (if any) _____ Age _____

Grade in School _____ Child will attend session 1st _____ 2nd _____ 3rd _____

Has child had previous camp experience? _____ If at FCDC, how many years? _____

Name of camp attended _____ Years? _____

Is child reserved by nature or does he/she make friends easily? _____

Is child average in maturity for his/her age? _____

Brothers: _____ Ages: _____ Sisters: _____ Ages: _____

Does child play a musical instrument? _____ If so, please state what: _____

In what sports has your child participated? _____

List favorite sports: _____

What are your child's swimming capabilities? _____

Any previous swimming lessons? _____

Comments: _____

What are your child's special interests? _____

What skills, traits or attitudes would you like emphasized for your child in a camping situation: _____

Please provide additional information which may help us to know your child better, in order to give him/her the best possible experience:

Are parents employed or skilled in any specialized areas that would be of interest to campers? _____

If so, would you be willing to share your specialty for an hour or two at our camp? _____

If your child attended Franklin Country Day Camp last year, please list any suggestions or comments you might have to help us improve any area of our camp: _____

FCDC CAMP HEALTH FORM

THIS FORM MUST ACCOMPANY CAMPER'S APPLICATION

IMMUNIZATION RECORD FORM Must Be Attached

CAMPER: _____

Birth Date: _____ / _____ / _____ Last Grade in School: _____ Age: _____ First _____ Middle Initial

Parent or Guardian : _____ Phone: (_____) _____

Address: _____
Street and Number City State Zip Code

Father's Occupation: _____ Business Phone: _____ Cell Phone:(_____) _____

Mother's Occupation: _____ Business Phone: _____ Cell Phone:(_____) _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL OR NOTIFY:

Name: _____ Phone: _____ Cell Phone:(_____) _____

Address: _____
Street and Number City Zip Code Relationship

Physician's Name: _____ Phone Number:(_____) _____

Address: _____
Street and Number City State Zip Code

HEALTH HISTORY: (Please check and provide approximate dates)

- Ear Infections _____ Hay Fever _____ Chicken Pox _____
- Ivy Poisoning, etc. _____ Measles _____
- Convulsions _____ Insect Stings _____ German Measles _____
- Diabetes _____ Penicillin _____ Mumps _____
- Behavior _____ Other Medications _____ Asthma _____

Operations or serious injuries _____

Chronic or recurring illnesses _____

Other diseases or details of above _____

Any specific activities to be encouraged or restricted? _____

Important: Please notify the camp if this camper is exposed to any Communicable disease during the three weeks prior to camp attendance.

PLEASE USE THE BACK OF THIS FORM TO SUGGEST ANY CONCERNS OR INFORMATION YOU MAY WANT TO ADD.

IMMUNIZATION FORM FROM PHYSICIAN
Must be attached (can be within 2 year
of end of your child's session.

CAMP FAX # 508-533-0567

www.franklincountrydaycamp.com

**** **PLEASE SIGN BELOW** *****

This Form must accompany Camper Application with **PARENT AUTHORIZATION SIGNED BELOW.** *We cannot accept any child (per Franklin Board of Health) without Immunization form and this form signed and dated with the current year.*

Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

In the event I cannot be reached, or the above attending physician cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

SIGNATURE: _____

DATE: _____

PLEASE REMEMBER YOUR
CHILD'S IMMUNIZATION RECORD
FROM YOUR DOCTOR
MUST BE ATTACHED TO THIS FORM
(CAN BE DATED WITHIN 2 YEARS OF YOUR CHILD'S CAMP
SESSION)

Suggestions or information from parent:
