

Camper's Application Form
Include health form and immunization record



www.franklincountrydaycamp.com

Tel. 508-533-8882 Fax. 508-533-0567

This form may be duplicated for sibling
 Please print and complete all information

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

Home Street Address _____ 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 parents 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 **2019** is **\$725.00** per two-week session

Please check session(s) desired

July 8 thru July 19 (First Session) \$ _____

July 22 thru Aug 2 (Second Session) \$ _____

Aug 5 thru Aug 16 (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.*

This application MUST include attached health form and immunization record for acceptance

Date of Application _____

Signature _____

All photos taken may be used in our 2020 Camp brochure and/or website.

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: _____
