

**Camper's Application Form**  
**Include health form and immunization record**



[www.franklincountrydaycamp.com](http://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 1<sup>st</sup> 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 1<sup>st</sup> (for ALL sessions)** \$ \_\_\_\_\_

*\*We reserve the right to cancel any camper's contract that is not paid by June 1<sup>st</sup>. 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 1<sup>st</sup>.*

**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 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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:

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