



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 o	of Camper			Grade (currently attending) in School
Home Street Address		Tow	n/State	Zip Code
Telephone		Birth Da	te Age	
School				(M) Male / (F) Female
Parent's	s Name		Email address	
Busines	ss Address of Father		Cell phone	Father's Business Phone
Busines	ss Address of Mother		Cell Phone	Mother's Business Phone
Name o	f neighbor or relative in case of e	mergency when parents cannot be	reached	
Address	5		Telephone	Relationship
From w	hat source did you hear of Frankl	in Country Day Camp?		
lf your d	child would like to be with a friend	attending the same session and is	in the same grade, plea	se put name here
sign up deducte	for 2 and/or 3 sessions and you of	cancel any of the sessions, the enro	ollment fee of \$100.00, fe	elled) must accompany this application. If you or that session is not refundable and may not be ance of camper's <u>tuition must be paid on or</u>
Tuitio	E WILL BE NO REFUND F on for 2019 is \$725.00 p check session(s) desired	FOR CANCELLATION AFTE	R MAY 1st.	
	July 8 thru July 19	(First Session)		\$
	July 22 thru Aug 2	(Second Session)		\$
	Aug 5 thru Aug 16	(Third Session)		\$
*Tota	al tuition due on or befo	sessions)	\$	
*We re any mo	serve the right to cancel any only only barries paid to Franklin Country	camper's contract that is not pa Day Camp (less a \$50.00 per d	id by June 1 st . If we c child bookkeeping cha	ancel your child's contract, we will return arge), 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

<mark>Signature</mark>

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	pperNickname (if any)A		_Age		
Grade in School	Child will attend session 1 st	2 nd	3 rd		
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 frie	ends 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?					
What are your child's special interests?					
What skills, traits or attitudes would you like empha	asized for your child in a camping situation:				
Please provide additional information, which may h	nelp us to know your child better, in order to give hi	im/her the best p	oossible 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 f	for an hour or two at our camp?				
If your child attended Franklin Country Day Camp	last year, please list any suggestions or comments y	ou 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 Num		City	State	Zip Code		
Father's Occupation:	Business Phone:		_Cell Phone: ()			
Mother's Occupation:	Business Phone:		Cell Phone: ()			
IF PARENT IS NOT AV	AILABLE IN AN EMERGE	NCY, PLE	ASE CALL OR	NOTIFY:		
Name:	Phone:		_ Cell Phone:()		
Address:	City Zip Cod		<u> </u>			
Street and Number Physician's Name:	City Zip Co	Pho	Relationship ne Number:()		
Address:	ber					
Street and Num	ber	City	State	Zip Code		
 □ Convulsions □ Diabetes 	□ Measles_ □ Insect Stings_ □ Penicillin_ □ Other Medications		O			
Operations or serious injuries		**** <mark>PL</mark>	EASE SIG	GN BELOW *****		
Chronic or recurring illnesses Other diseases or details of abov	e			mpany Camper Application with		
Any specific activities to be enco	uraged or restricted?	<u> </u>	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			
Important: Please notify the camp if t Communicable disease during the th attendance.		1	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.			
IMMUNIZATION FORM		1	n the event I cannot be	e reached, or the above attending physician		
Must be attached (can of end of your child's s	-	t	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			
CAMP FAX # 508-533-0			or my child as named a			
www.franklincountrydayca	5					
		ſ	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: