

CAMP APPLICATION

Please fill out a separate application for each child. Please print.
You will be notified if we are unable to register your child for the desired session(s).

Preschool Camp Ages 3-5 (Please Print Clearly) Complete One Application Per Child

Camper's Name:		Nickname _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Address:		City	St. Zip
Home Phone:	Child's Physician:	Phone:	
Father's Name:	Father Bus. Phone:	Cell:	
Mother's Name:	Mother Bus. Phone:	Cell:	

Special Medical Problems(i.e. allergies, asthma, etc):

Email Address:	Employee: Y or N
Circle Ages as of June 1: 3 3.5 4 4.5 5	Grade <i>Next</i> Fall: Member: Y or N

Please check session(s) attending:	<input type="checkbox"/> Week 1	June 28 – July 2	<input type="checkbox"/> Week 5	July 26 – July 30
	<input type="checkbox"/> Week 2	July 5 – July 9	<input type="checkbox"/> Week 6	Aug. 2 – Aug. 6
	<input type="checkbox"/> Week 3	July 12 – July 16	<input type="checkbox"/> Week 7	Aug. 9 – Aug. 13
	<input type="checkbox"/> Week 4	July 19 – July 23	<input type="checkbox"/> Week 8	Aug. 16 – Aug. 20
	<input type="checkbox"/> Sibling discount \$30/ wk		Sibling name:	

Full Day/Jr. Outing Camp

Please check which camp you are registering for: FULL DAY JR. OUTING

Camper's Name:		Nickname: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Address:		City	St. Zip:
Home Phone:	Child's Physician:	Physician Phone:	
Father's Name:	Father Bus. Phone:	Cell:	
Mother's Name:	Mother Bus. Phone:	Cell:	

Special Medical Problems(i.e. allergies, asthma, etc):

Age in Yrs. And Mos. As of June 1:	Grade <i>Next</i> Fall:	Member: Y or N
Email Address:		Employee: Y or N

Please check session(s) attending: (a min. of 1 session is required) (If enrolling in an odd number of weeks, please circle additional week and call for pricing.)	<input type="checkbox"/> Session 1: (no junior outing)	June 28 – July 2 July 5 – July 9	<input type="checkbox"/> Session 3:	July 26 – July 30 Aug. 2 – Aug. 6
	<input type="checkbox"/> Session 2:	July 12 – July 16 July 19 – July 23	<input type="checkbox"/> Session 4:	Aug. 9 – Aug. 13 Aug. 16 – Aug. 20
	<input type="checkbox"/> Extended Hrs.	Drop Off Time:	Pick Up Time:	
	<input type="checkbox"/> Sibling discount \$30/ wk		Sibling name:	

<p><i>Cedarland Summer Day Camp reserves the right to use photos taken during camp for promotional purposes. If you wish that your camper's photo not be used you must give a written request to the Camp Director.</i></p> <p><i>I have read and agree to the Cedarland Camp terms.</i></p> <p>PARENT'S SIGNATURE _____ Date _____</p> <p>Are you a returning camper? (circle camp attended) Preschool Full day Jr. Outing</p>	<p><i>This camp must comply with regulations of the Mass. Dept. of Public Health and be licensed by the local board of health. Parents may request copies of background checks, health care, discipline policies, and procedure for filing grievances.</i></p>
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