

2018 CAMP APPLICATION

To register please return completed application with a non-refundable deposit: \$100 per session.

One application per child. Please print clearly.

GENERAL INFORMATION

(Please Print Clearly)
Complete 1 Application per child

Camper's Name _____ Nickname (if used) _____ ☐ Male ☐ Female Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____

Child's Physician Name _____ Physician Phone # _____

Parent 1 _____ Email _____ Cell _____

Parent 2 _____ Email _____ Cell _____

Special Medical/Behavior Considerations (if none, please write None) _____

FULL DAY CAMP Ages 4 – 12

(Please Print Clearly)
Complete 1 Application per child

Age in years and months as of June 1, 2018: _____ Grade Next Fall _____

Please check sessions attending: ☐ Session 1 June 25 – June 29
July 2 – July 6 (no camp July 4)

☐ Session 3 July 23 – July 27
July 30 – Aug. 3

(if enrolling in an odd number
of weeks, please circle additional
week and call for pricing)

☐ Session 2 July 9 – July 13
July 16 – July 20

☐ Session 4 Aug. 6 – Aug. 10
Aug. 13 – Aug. 17

☐ Extended Care

☐ Sibling Discount \$35/week: Sibling Name _____

JUNIOR OUTING Ages 12 – 14

(Please Print Clearly)
Complete 1 Application per child

Age in years and months as of June 1, 2018: _____ Grade Next Fall _____

Please check weeks attending: ☐ Week 1 NOT OFFERED
☐ Week 2 NOT OFFERED
☐ Week 3 July 9 – July 13
☐ Week 4 July 16 – July 20

☐ Week 5 July 23 – July 27
☐ Week 6 July 30 – Aug. 3
☐ Week 7 Aug. 6 – Aug. 10
☐ Week 8 Aug. 13 – Aug. 17

☐ Extended Care

☐ Sibling Discount \$35/week: Sibling Name _____

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 have read and agree to the Cedarland Camp Terms.

PARENT'S SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY: Date Entered: Camp _____ Bookkeeping _____

Cedarland Summer Day Camps do not discriminate on the basis of gender, race, color, national or ethnic origin, religion, sexual orientation, gender identity or disability. 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.

