

# 2007 Pilgrim Day Camp – Registration Form

One Badger Road, Framingham, MA 01702

Office Use
Unit: _____
Age: _____ No. _____

Camper's Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Last Name                      First Name                      Middle Initial                      Area Code

Please refer to Registration Requirements.

DEPOSIT: \$100.00 per session for each child PLUS REGISTRATION: \$25.00 for each child.

**PAYMENT IN FULL MUST REACH THIS OFFICE BY MAY 20.**

I wish to register my child for session(s):

		FULL DAY (Ages 3 – 13)	AM	PM
Session 1:	June 25 – July 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2:	July 9 – July 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3:	July 23 – August 3	<input type="checkbox"/> OR	<input type="checkbox"/>	<input type="checkbox"/>
Session 4:	August 6 – August 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Division (age 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Extended Day	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM			

"I/we understand the Director reserves the right to withdraw any camper whose behavior interferes with the rights and safety of others. I certify that my child is able to participate in camp activities and will notify Pilgrim Day Camp in writing of any limitations. I hereby agree to comply with the terms stated on this registration and the accompanying brochure in consideration of acceptance of my child as a camper at Pilgrim Day Camp." Permission is hereby given for the use of any films or photographs of my son/daughter for camp publicity purposes.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**IMPORTANT – Please detach at perforation and return both cards.**

PLEASE TYPE OR PRINT LEGIBLY • USE ONE REGISTRATION & APPLICATION CARD PER CHILD • RETURN IN ENVELOPE PROVIDED.

PERFORATED LINE – SEPARATE TWO CARDS HERE

## Application – 2007 Pilgrim Day Camp

Male  Female

Camper's Name \_\_\_\_\_

Last                      First                      Middle

Home Address \_\_\_\_\_

Street & No.                      City                      State                      Zip + 4

Telephone ( ) Number _____	Date of Birth _____	Age as of June 1, 2007 _____ Years                      Months
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Parent or Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name _____	Home Phone (if different) ( ) _____	Work # ( ) _____
Mother's Name _____	Home Phone (if different) ( ) _____	Work # ( ) _____
	( ) _____	Cell # ( ) _____

MANDATORY: In case of emergency, please give two additional names

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Are there any SPECIAL NEEDS or Medical conditions that we should be aware of?  
IF YES, please include a written explanation with your application.       NO     YES

Did this child attend Pilgrim Day Camp last summer?     NO     YES                      What group? \_\_\_\_\_

Optional: You may request that your child be placed with ONE friend who is the same age. Please do not include a list. BOTH children must request each other. We will try to accommodate your request.

_____	_____
Name of friend	Age as of June 1, 2007

### FOR OFFICE USE ONLY

Office Use: No. \_\_\_\_\_

	Group			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

Full \_\_\_\_\_

AM \_\_\_\_\_

PM \_\_\_\_\_

XD \_\_\_\_\_

AM \_\_\_\_\_

PM \_\_\_\_\_

RIDING \_\_\_\_\_

TRANS \_\_\_\_\_

Health Form \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Reg. Fee \_\_\_\_\_  
(Am't Pd.)

Deposit Fee \_\_\_\_\_  
(Am't Pd.)

ACK. Date \_\_\_\_\_ AGE \_\_\_\_\_

Please check here if you are a UCC member.

FOR OFFICE USE ONLY

Second Child - 5%

Third Child - 10%


Rec'd Fr:

For:

Ck. No.:

Amt'd Pd.

DO NOT WRITE BELOW THIS LINE