

# 2009 Pilgrim Day Camp Registration Form

One Badger Road, Framingham, MA 01702

Camper's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Last Name First Name

Home Address \_\_\_\_\_ Male  Female

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.

|               |  | FULL DAY<br>(Ages 3 - 13)   | AM<br>(Ages 3 - 4 yrs. old only) | PM                       | Transportation needed    |
|---------------|--|-----------------------------|----------------------------------|--------------------------|--------------------------|
| Session 1:    | June 29 to July 10   | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| Session 2:    | July 13 to July 24   | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| Session 3:    | July 27 to August 7  | <input type="checkbox"/> OR | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| Session 4:    | August 10 to August 21   | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Day: | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM |                             |                                  |                          |                          |

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of June 1, 2009 \_\_\_\_\_  
Years Months

Parent or Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

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, 2009

"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: \_\_\_\_\_

Office Use:

|               | Group                      |                            |                            |                            |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|
|               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Full          | ___                        | ___                        | ___                        | ___                        |
| AM            | ___                        | ___                        | ___                        | ___                        |
| PM            | ___                        | ___                        | ___                        | ___                        |
| XD            | ___                        | ___                        | ___                        | ___                        |
| AM            | ___                        | ___                        | ___                        | ___                        |
| PM            | ___                        | ___                        | ___                        | ___                        |
| RIDING        | ___                        | ___                        | ___                        | ___                        |
| TRANS         | ___                        | ___                        | ___                        | ___                        |
| Health Form   | _____                      | _____                      | _____                      | _____                      |
| Rec'd         | _____                      | _____                      | _____                      | _____                      |
| Reg.          | _____                      | _____                      | _____                      | _____                      |
| Fee           | _____                      | _____                      | _____                      | _____                      |
| Deposit Rec'd | _____                      | _____                      | _____                      | _____                      |
| ACK           | _____                      | AGE                        | _____                      | _____                      |

FOR OFFICE USE ONLY

Second Child - 5%

Third Child - 10%

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Rec'd Fr:

For:

Ck. No.:

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