

# 2010 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 (Ages 3 - 13)	AM (Ages 3 - 4 yrs. old only)	PM	Transportation needed
Session 1	Week 1	June 28th - July 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 2	July 6th - July 9th (no camp Mon. July 5th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2	Week 3	July 12th - July 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 4	July 19th - July 23rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3	Week 5	July 26th - July 30th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 6	August 2nd - August 6th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4	Week 7	August 9th - August 13th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 8	August 16th - August 20th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extended Day:  AM  PM  AM & PM

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

Parent or Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_ Office Use: \_\_\_\_\_

**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, 2010

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

	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%

Date	Sessions AM/PM	Cost	Session	Cost	Total Cost	Deposit of...	Balance Due

Rec'd Fr:

For:

Ck. No.:

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