

FORCEY DAY CAMP 2011 REGISTRATION FORM

Phone: (301) 622-5987 / Web: www.forceydaycamp.org / Email: forceydaycamp@forcey.org

Instructions: Complete and mail with \$25 reservation payment per child per week to:
 Forcey Day Camp / 2130 East Randolph Road / Silver Spring, MD 20904

Family Information

Name(s) of campers being registered: _____

Current home address of camper(s): _____

Summer address of camper(s) if different from above:

*effective as of ____ / ____ / ____ _____

Parent / Guardian #1
Note: Confirmation letter will be sent to parent/guardian #1

 Name relationship to camper(s)
 Home phone # _____ Cell phone # _____
 Work phone # _____ Email address: _____
 *Street Address (if other than above): _____

Parent / Guardian #2
If info is same as above, please indicate "same"

 Name relationship to camper(s)
 Home phone # _____ Cell phone # _____
 Work phone # _____
 *Street Address (if other than above): _____

Emergency Contacts we may use if necessary:

#1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

➤ If this is your first year at Forcey Day Camp, how did you hear about us? (check one that applies)

- Forcey Memorial Church
- Street Sign
- Advertisement (where: _____)
- Referred by FDC family, who:
- Other:

➤ **Method of enclosed payment:**

- Cash
- Check, (number: _____)
 *Checks payable to: "Forcey Day Camp"
 **If paying by check, to what name does the account belong: _____
- Money order

PAYMENT INFO

\$25 reservation fee per camper per week (DUE with this form)
\$120 weekly tuition for first camper in a family
\$110 weekly tuition for additional campers per family
(Weekly total including reservation fee is \$145/135)

The \$25 reservation fee per camper per week (non-refundable) will hold your place for the week(s) registered. The reservation fee is not a credit toward tuition. Tuition may be paid now or on Monday of each week of camp.

Prices have risen by a nominal \$5 from 2010

PARENTAL CONSENT

- ✓ **I understand that full tuition of \$120 per child (\$110 for each additional child in a family) must be paid in full by Monday morning of each week of camp.** If payment must be made on Tuesday morning, I will be assessed a \$10 late fee. If payment is made on Wednesday morning, a \$20 late fee will be added to my tuition. If by Wednesday morning payment is still not received, my child(ren) will not be permitted to participate in any week of Forcey Day Camp until outstanding fees for all days of attendance have been paid. In this event, a retroactive \$25 per day will be charged for unpaid days of camp.
- ✓ I understand a **\$25.00 non-refundable reservation fee** per camper per week must be included with this registration form.
- ✓ **I give permission for my child(ren) to participate in all camp activities**, realizing that every safety precaution will be taken at all times but that Forcey Day Camp does not assume liability for injuries or damage resulting from regular participation.
- ✓ I give permission for the Forcey Day Camp staff and any agency acting on its behalf to provide **medical attention that might be necessary and urgent** during a time when I cannot be contacted by telephone.
- ✓ I understand that this **registration form must be fully completed**, including the date of the child's last tetanus shot, before my camper can participate in camp activities.
- ✓ I understand there will be a **\$15.00 fee for each returned check**.
- ✓ I understand that camper **registrations are accepted on a first-come first-serve basis**. I will be promptly notified in the case I am placed on a waiting list and any money paid will be refunded in that event.
- ✓ I understand that **medications can only be administered** with a completed Physician's Medication Order form signed by the prescribing doctor. This form will be sent with the confirmation packet once my registration is processed (or is also available on website).
- ✓ I understand that Forcey Day Camp is not responsible for applications lost in the mail.
- ✓ I understand that the directors of Forcey Day Camp reserve the **right to suspend any camper** for any length of time when it is deemed necessary in the best interest of the camper or the camp.
- ✓ I give permission for Forcey Day Camp to use my child's voice, testimony, and/or picture in any type of promotional material. I will notify a director if this is unacceptable. No personal information like name would be included without parental permission.
- ✓ I give permission for Forcey Day Camp, a ministry of Forcey Memorial Church (a non-denominational Bible teaching church) to teach in accordance with the biblical values of as seen on the church website (found at www.forcey.org, click "what we believe" under "Home.")
- ✓ I have completed all required information and have enclosed my payment. All applications are processed in order of arrival. **Upon the camp receiving my registration, I will be sent a confirmation letter.**

By signing my name, I indicate that I have read and understood each of the above statements, and agree to relate with Forcey Day Camp in a way that reflects my understanding of these statements.

Parent/Guardian Signature

Date

Camper # _____ Registration Information

Camper Name: _____ This is the camper's _____ year at Forcey Day Camp

Grade **completed** in June '11: _____ (must be completed kindergarten through 6th grade)

Date of Birth: ____ / ____ / _____ Sex: **M** or **F**

School Name: _____ Church (if applicable): _____

T-shirt size (circle one): Y-medium (10-12) Y-large (14-16) A-small A-medium A-large

Other relatives also registering for camp: _____

Pick-up Restrictions: Please list all person(s) who might be picking up this camper from camp. You will receive a Pick-up-Pass for each of the below listed people, as well as more information about our Pick-Up policy. No one will be permitted to pick up this camper from Forcey Day Camp without your permission:

- 1. Name: _____ Relationship to camper: _____
- 2. Name: _____ Relationship to camper: _____
- 3. Name: _____ Relationship to camper: _____
- 4. Name: _____ Relationship to camper: _____
- 5. Name: _____ Relationship to camper: _____

Please list anyone **who should specifically be prevented from picking up** this camper from Camp and attach a brief note of explanation. You will be immediately contacted if the following individual(s) show up on the camp premise.

Name: _____ Relationship to camper: _____

Swimming Restrictions: (check one): _____ **Shallow end only** _____ **Deep end permission***

***Note:** Even if you grant Deep End permission for this camper they will still need to pass a swim test administered by Camp staff and certified lifeguards.

Medical Information: *Note: ALL information in this medical section below is required by State for the Maryland Department of Health and Mental Hygiene, and must be completed *fully*.

- Insurance Company: _____ Policy #: _____
- Name of Primary Care physician: _____ Phone: _____

DATE OF CAMPER'S LAST TETANUS SHOT: _____ / _____ (month/year) - **VERY IMPORTANT!!**

*If camper is exempt from any vaccinations for religious or medical reasons please *check here* _____. You will be contacted for any further information we may need.

** If camper is not a resident of Maryland or *not* attending a public or private school, complete immunization records need to be attached along with this registration form.

- List any foods or drinks the camper should **not** have: _____
- List any allergies or restrictions that may hinder the camper from fully participating in all camp activities:

- Will the camper need to take any medications at Camp? YES NO (circle one)
Note: If so, a medication form for self-administered medication will be included with your confirmation letter.
- List below pertinent medical, emotional or behavioral conditions that may affect the campers experience:

Dates of Attendance Please circle the weeks of Camp you wish to register this camper for:

**Tuition is discounted \$15 per camper for week 2 as we are not open July 4*

- 1) June 27 – July 1 2) July 5 – July 8*
- 3) July 11 – 15 4) July 18 – 22
- 5) July 25 – 29 6) Aug 1 – 5 7) Aug 8 – 12

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