

# FORCEY DAY CAMP 2010 REGISTRATION FORM

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

- |   |   |
|---|---|
| <input type="checkbox"/> Forcey Memorial Church       | <input type="checkbox"/> <b>Referred by FDC family</b> , who: |
| <input type="checkbox"/> Street Sign                  | <input type="checkbox"/> Other:                               |
| <input type="checkbox"/> Advertisement (where: _____) |   |

➤ **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**  
*All prices are the same as in 2009!*

**\$25** reservation fee per camper per week (DUE with this form)  
**\$115** weekly tuition for first camper in a family  
**\$105** weekly tuition for additional campers per family  
*(Weekly total including reservation fee is \$140/130)*

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

## **PARENTAL CONSENT**

- ✓ **I understand that full tuition of \$115 for one child (\$105 for each additional child in a family) must be paid in full by Monday morning of the impending 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 the rest of the week of camp. In such a situation, if my child(ren) were to come back for a later week of camp, a \$25 per camper per day tuition charge will be added to reconcile the account of the outstanding week(s) before being allowed to return.
- ✓ **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 assumes no 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 a **\$25.00 non-refundable reservation fee** per camper per week must be included with this registration form.
- ✓ I understand that this **registration form must be fully completed**, including the date of the 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 monies paid will be refunded.
- ✓ 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.
- ✓ 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 name, voice, testimony, and/or picture in any type of promotional material. I will notify a director if this is unacceptable.
- ✓ I have completed all required information and have enclosed my payment. I understand that Forcey Day Camp cannot guarantee acceptance of this application. 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

**If you have any questions, please do not hesitate to contact us via phone: (301) 622-5987 or email: [forceydaycamp@forcey.org](mailto:forceydaycamp@forcey.org)**

**Camper # \_\_\_\_\_ Registration Information**

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

Grade **completed** in June '10: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Sex: **M** or **F**

School Name: \_\_\_\_\_

Church Name (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 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

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 at the College Park Woods Swim Club pool.

**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:

- 1) June 28 – July 2                      2) July 5 – July 9                      3) July 12 – 16                      4) July 19 – 23
- 5) July 26 – 30                              6) Aug 2 – 6                              7) Aug 9 – 13

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