

# Camper Registration Form

Each camper must have their own form

Camper's Name \_\_\_\_\_ (One camper per form.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d/y) Sex: M F (circle one)

Assistance Required: I = Independent Min = Minimum Mod = Moderate C = Complete

Dressing \_\_\_\_ Eating \_\_\_\_ Hygiene \_\_\_\_ Wheelchair \_\_\_\_ Other: \_\_\_\_\_ Seizures: Y N

Contact E-mail: \_\_\_\_\_

**Summer Sessions :** If your first choice is filled you will be placed in your second. If that is also full you will be notified and placed on a waiting list.

**1st Choice :** \_\_\_\_\_ **2nd Choice:** \_\_\_\_\_

**Session Total: \$** \_\_\_\_\_ **25% Deposit:** \_\_\_\_\_

- I WOULD LIKE TO REQUEST A CAMBERSHIP     I WOULD LIKE TO REQUEST A 1:1 AIDE
- I WILL BE RECEIVING FUNDING FROM AN AGENCY    *(written verification is due to camp 2 months prior to session start date)*

Agency Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Phone: \_\_\_\_\_

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Please circle your choices. There is no limit on weekend/seasonal programs.

**Weekend Camps:** No deposit required. Balance due 30 days before the start of the session.  
Summer Camp cancellation policy applies

*Ages 6 & up*..... January 18-20      February 22-24      December 14-16

*Ages 6-26*..... March 15-17      April 5-7      May 10-12

*Ages 21 & up*..... March 22-24      April 19-20

**Seasonal Camps:** Summer camp cancellation policy applies.

Spring Camp (25% deposit due with registration)

Fall Camp (25% deposit due with registration)

Winter Camp (25% deposit due October 31, 2013 - must be a separate check)



**Completed by:** \_\_\_\_\_ **TOTAL ENCLOSED: \$** \_\_\_\_\_