



FAIR ACRES COUNTRY DAY SCHOOL
 35 Fair Acres Dr.
 Marstons Mills, MA 02648
 Ph (508)420-3288 Fax (508)420-1710
 www.fairacrescapecod.com

SUMMER CAMP REGISTRATION

Camper's Name _____ Grade Entering _____

Date of Birth _____ Telephone # _____

Parent's Names _____

Mailing Address _____

Street Address _____

Personal Responsible for Payments:

Billing Account Name _____

Billing Account Address _____

Summer Address (if different) _____

Work Place & Tel # (Dad) _____

Work Place & Tel # (Mom) _____

If parent's cannot be reached, call _____

Child's Physician/Clinic _____ Tel # _____

Know Allergies/identifying marks _____

Sessions (2 wks) Your Child Will Attend (circle sessions)

(7/5-7/16)

(7/19-7/30)

(8/2-8/13)

(8/16-8/27)

Please Check Departure Time

Camp Ends 3:30 _____

Camp & Extended Day 5:00 _____

\$50.00 Registration Fee plus one session camp tuition due with this form. (Non refundable).
NOTE: The sessions that your child is registered for are binding and payment will be due.
There can be no changes or cancellations. A discount will be given to families enrolling more than one child.

Parent Signature _____ Date _____