



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 \_\_\_\_\_ Email \_\_\_\_\_

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)**

(7/4-7/15)

(7/18-7/29)

(8/1-8/12)

(8/15-8/26)

**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 \_\_\_\_\_

**190.C Statement re: regulatory compliance & licensing: This camp must comply with regulations of the Mass. Dept. Of Public Health & be licensed by the local board of health.**