

## 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 AddressStreet Address				
Personal Responsible for Payments:				
Billing Account NameBilling Account Address				
Summer Address (if different)				
Work Place & Tel # (Dad) Work Place & Tel # (Mom)				
If parent's cannot be reached, call				
Child's Physician/ClinicKnow Allergies/identifying marks		Tel #		
Sessions (2 wks) Your	Child Will Atten	d (circle sessions)		
(7/4-7/15)	(7/18-7/29)	(8/1-8/12)	(8/15-8/26)	
Camp Ends 3:30	Please Check Departure Time Camp & Extended Day 5:00			
\$65.00 Registration Fee plus one session NOTE: The sessions that your child changes or cancellations. A discount	is registered for	are binding and pay	ment will be due. There ca	n be no
Parent Signature		Date		

190.C Statement re: regulatory compliance & licensing: This camp must comply with regulations of the