



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 _____

\$65.00 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.