

**FIDELITY HOUSE DAY CAMP 2010 REGISTRATION FORM**  
 25 MEDFORD STREET, ARLINGTON, MA 02474 - 781-648-2005

www.fidelityhouse.org

To register, fill out this application and either mail or bring it directly to Fidelity House. A \$50.00 registration fee per child per week is required. This deposit will be credited toward the camp fee, but is non-refundable. If your child(ren) will be attending more than one week, payment may be made in full for all weeks, or on the Friday prior to the week attending. Registration deadline for each session is noon on the preceding Friday. Any registration after noon will be charged a \$10.00 late fee.

Dates	One Week	8 Weeks
June 28— July 2	\$175	*1325
July 6— July 9 *no July 5	\$140	
July 12 - 16	\$175	
July 19 - 23	\$175	
July 26— July 30	\$175	
August 2- Aug. 6	\$175	
August 9 – 13	\$175	
August 16 – 20	\$175	

**EXTENDED CARE FEES**

Prepaid in Advance  
 AM HOUR 8 – 9 a.m. \$25 per week  
 PM 1 HOUR-3:30 - 4:30 \$25 per week  
 PM 2 HOURS - 3:30 - 5:30 \$55 per week

Extended Care for Campers **not previously signed up** will be provided at a rate of \$2.50 per 15 minutes- payable at pick up of that day.

**Deposits, Child Information Sheets & Medical Immunization Forms REQUIRED before attendance**

PLEASE FILL OUT INFORMATION COMPLETELY.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date-of-Birth \_\_\_ / \_\_\_ / \_\_\_ Grade Entering \_\_\_\_\_ Age \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Family Email \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name & Day Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mom Cell No. (\_\_\_\_) \_\_\_\_\_

Father's Name & Day Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Father Cell No. (\_\_\_\_) \_\_\_\_\_

Emergency Name & Phone # \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

(called ONLY if parents unavailable)

T-Shirt Size- Campers receive one prior to all camp trips and should wear it on trip day Ch. Lg (14-16) \_\_\_\_\_ Ad. S \_\_\_\_\_ Ad. M \_\_\_\_\_ Ad L \_\_\_\_\_ Ad XL \_\_\_\_\_

I give my permission for my child, \_\_\_\_\_ to attend Fidelity House Day Camp and in no way hold Fidelity House, its staff or sponsors responsible for any accident, injury or illness to my child while attending the program.

Parent/Guardian signature

Date

Office use, \*  
other side

**Please indicate ONE WEEK Registrations here:**

**Week 1- June 28- July 2 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 2- July 6 – 9 (\$140)**  
 Ext. Care Am Hour (\$ 20) \_\_\_\_\_  
 1 pm.hr (\$20)\_\_\_\_ 2 pm hrs( \$44) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 3 - July 12 – 16 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 4 – July 19 – 23 (\$175 )**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 5 – July 26 – July 30 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 6 – August 2 – 6 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 7 – August 9 – 13 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Week 8 – August 16 – 20 (\$175)**  
 Ext. Care Am Hour (\$25 ) \_\_\_\_\_  
 1 pm.hr (\$25)\_\_\_\_ 2 pm hrs( \$55) \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**Grand Total \$ \_\_\_\_\_**

**EXT. CARE PAYMENT POLICIES** \*Pre-paid in advance. \*Ext. care billing is for the full week only. \*\*Extended Care for Campers *not previously signed up* will be provided at a rate of \$3.00 per 15 minutes- to be paid THAT DAY at pickup.

For OFFICE USE ONLY

DATE	RECEIPT	AMT. DUE	AMT. PAID	BALANCE

Grades 6-8

**OFFICE USE ONLY-**

<b>DATE</b>	<b>REGISTRATION REVISIONS</b>	<b>ADDITIONAL NOTES</b>	<b>Changes in Computer/Initials</b>