

FIDELITY HOUSE DAY CAMP 2011 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 27— July 1	\$185	*1400
July 5— July 9 *no July 4	\$150	
July 11 - 15	\$185	
July 18 - 22	\$185	
July 25— July 29	\$185	
August 1- Aug. 5	\$185	
August 8 – 12	\$185	
August 15 – 19	\$185	

EXTENDED CARE FEES

Prepaid in Advance
 AM HOUR 8 – 9 a.m. \$30 per week
 PM 1 HOUR-3:30 - 4:30 \$30 per week
 PM 2 HOURS - 3:30 - 5:30 \$65 per week

Extended Care for Campers **not previously signed up** will be provided at a rate of \$3.00 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 27- July 1 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 2- July 5 – 8 (\$150)
 Ext. Care Am Hour (\$ 24) _____
 1 pm.hr (\$24)____ 2 pm hrs(\$50) _____ **Total \$ _____**

Week 3 - July 11 – 15 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 4 – July 18 – 22 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 5 – July 25 – July 29 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 6 – August 1 – 5 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 7 – August 8 – 12 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **Total \$ _____**

Week 8 – August 15 – 19 (\$185)
 Ext. Care Am Hour (\$30) _____
 1 pm.hr (\$30)____ 2 pm hrs(\$65) _____ **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-

DATE	REGISTRATION REVISIONS	ADDITIONAL NOTES	Changes in Computer/Initials