

JOURNEY CAMP REGISTRATION FORM (2012)

1. Name of child: First _____ Last _____ Gender: F / M

2. Grade they will be entering September 2012: _____

3. Age as of June 2012: _____

4. Name of Parent(s) or Guardians: _____

5. Important: have you read the **Note to Parents**? Yes / No

How did you hear about Journey Camp? _____

6. CONTACT INFORMATION

a. Your mailing address with zip:

b. Your email: _____

c. Home Phone: _____ d. Work Phone: _____

For campers with two homes, we will make sure to inform both parents if requested. Please list both sets of contact information if both parents would like to receive JC information.

7. Session(s) you are registering for:

___ Day Camp for Boys and Girls: July 2-6, 2012 * Cost: \$250 to \$300 sliding scale

___ Hilltown Journey Camp: July 16-20, 2012 * Cost: \$250 to \$300 sliding scale

___ Moonseed Leadership Camp for Girls: July 30 - Aug 2, 2012 * Cost: \$350 to \$500 sliding scale

___ Girls Week: August 6-10, 2012 * Cost: \$275 to \$375 sliding scale

___ Girls Week: August 13-17, 2012 * Cost: \$275 to \$375 sliding scale

___ Grapes Program: August 6-10, and August 13-17

<u>Cost:</u>	<u>Moonseed and both Girls Weeks</u>	<u>If not at Moonseed</u>
New:	\$500 to \$650	\$250 to \$400
Returning:	\$400 to \$550	\$200 to \$300

8. Payment: **Please write here the specific amount/s you will be paying**

___ I agree to send half the cost (\$_____) March 1st and the remainder (\$_____) May 1st.

___ I will send payment in full this month (\$_____).

___ I will email my plan for a different payment schedule. Different payment arrangements must be made prior to March 1st and agreed to by camp administrators.

9. Finances: **Please make a contribution toward our scholarship fund if able.**

___ Check here if you are sending a letter to apply for a partial scholarship.

10. Support at Camp: If the space below is not sufficient, please reply on a separate page or email us a longer letter.

a. Any medical, physical, health needs such as food allergies, medications, or special physical needs or restrictions?

b. Are there any current issues or needs we should be aware of?

c. What assistance will your child need to follow the conduct code?

NOTE: Email registrations are not complete until the \$50 registration fee is received. Please send \$50 for each child and each session. It goes toward the final fee.

MAIL TO: Journey Camp, P.O. Box 60226, Florence, MA 01062

_____ We will be sending out announcements regarding other Discovery Center events and workshops. Please check here if you do not wish to receive them: