

JOURNEY CAMP REGISTRATION FORM (2017)

1. Name of child: First _____ Last _____
Gender Description: _____ Pronoun information: she/her he/his they/them
2. Grade they will be entering September 2017: _____
3. Age as of June 2017: _____
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 Journey Camp information.

7. Session(s) you are registering for:

- ___ Farm Week Day Camp for All: June 26 - 30, 2017 * Cost: \$275 to \$350 sliding scale
- ___ Session One Day Camp for All: July 3 - 7, 2017 * Cost: \$275 to \$350 sliding scale
- ___ Moonseed Leadership Camp: July 17 - 20, 2017 * Cost: \$375 to \$525 sliding scale
- ___ Girls Week One: July 31 - August 4, 2017 * Cost: \$275 to \$375 sliding scale
- ___ Girls Week Two: August 7-11, 2017 * Cost: \$275 to \$375 sliding scale
- ___ Grapes Program: July 31 - August 4, and August 7-11, 2017 * Cost: \$300 to \$450 sliding scale (two weeks) *If also at Moonseed, special discounted additional fee: \$275*

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 / Dewey Gelnaw-Brickley
P.O. Box 65, Shelburne Falls, MA 01370

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