



400 Hillside Ave., Suite 11, Needham MA 02494

# Camper Enrollment Form

Camper (name he/she is called at home.)	Date of Birth			Session Full/July/August	Grade in Sept. 2011
	Mo	Day	Year		

Home address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_

Camper's Email \_\_\_\_\_

## Parent Information

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Work fax \_\_\_\_\_ Work fax \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

If one parent's address differs from the child's, please complete the following. This address is for  Mom  Dad

Home address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Send bills to:  Mom  Dad  Both

Info Mailings to:  Mom  Dad  Both

I, the undersigned parent, enroll my child(ren) at Camp Schodack, Inc., for the (Full, July, August) session. I further agree to pay the fee and extra charges imposed by the Camp, subject to its rules and regulations. I have read the Refund Policy as explained on the Camp Schodack Rate Sheet. I also give permission for pictures and quotes of me, my spouse or my child(ren) to be used for Camp Schodack promotional use.

Signature \_\_\_\_\_

Dated \_\_\_\_\_