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2017 SMK Registration Form

www.pompositticutfarm.com



Serving
More
Kids
IN MEMORY OF
Shirley M. Kane

CAMPERS' NAME: _____ DOB: _____ / _____ / _____ Age at camp _____
 ADDRESS: _____ TOWN: _____ STATE/ZIP: _____
 HOME EMAIL: _____ HOME PHONE: _____
 MALE FEMALE SCHOOL & CURRENT GRADE _____
 CAMPER CELL _____ CAMPER EMAIL _____ Is your child on an IEP _____ or 504 Plan? _____

CUSTODIAL PARENT: _____ **Complimentary T-Shirt: Circle one size** YES, YM, YL, YXL, AS, AM, AL
MOTHER'S NAME _____ LIVES AT CAMPER'S ADDRESS YES NO
 CELL #: _____ WORK PHONE#: _____
 WORK EMAIL: _____
 PLACE OF EMPLOYMENT: _____ CITY: _____
FATHER'S NAME _____ LIVES AT CAMPER'S ADDRESS YES NO
 CELL #: _____ WORK PHONE #: _____
 WORK EMAIL: _____
 PLACE OF EMPLOYMENT: _____ CITY: _____

*** PHYSICIAN'S VERIFICATION SECTION ***

No other information is required to receive this scholarship:

I certify that _____ is or will be in cancer treatment during the summer of 2017: June, July, August

Physician Name: (please print) _____ Lic. # _____ Physician Signature _____
 Physician's Direct Contact Information: Phone: _____, Email: _____
 PA or Admin. Assistant _____ Phone: _____ Email: _____
 Treatment Facility: _____ Address: _____

DAY CAMP, Ages 6 - 12	BARNYARD BUDDIES, Ages 4-6	
All 2 Week Sessions Normally \$1515	All 2 week sessions Normally \$1315	Please include this completed SMK form and a check for the amounts below paid in full to Pompositticut Farm Day Camp and mail to the camp office
Sess.#1 <input type="checkbox"/> June 26- July 7 Sess.#2 <input type="checkbox"/> July 10 - July 21 Sess.#3 <input type="checkbox"/> July 24- Aug. 4 Sess.#4 <input type="checkbox"/> Aug. 7 - Aug. 18	Sess.#1 <input type="checkbox"/> June 26 - July 7 Sess. #2 <input type="checkbox"/> July 10 - July 21 Sess. #3 <input type="checkbox"/> July 24 - Aug.4 Sess. #4 <input type="checkbox"/> Aug. 7 - Aug. 18	
SHORT STIRRUP, Ages 8-12 All 2 Week Session Normally \$1315	SOAR MORE, Ages 10-16 All 2 Week Sessions Normally \$1615	SMK PROGRAM FEE (\$150 per session) _____ SMK ADMIN. FEE: \$40.00 "Optional" FUN CLUB: _____ FUN CLUB ADMIN. FEE: \$25.00 TOTAL ENCLOSED _____
Sess.#1 <input type="checkbox"/> June 26- July 7 Sess.#2 <input type="checkbox"/> July 11 - July 22 Sess.#3 <input type="checkbox"/> July 25 - Aug. 5 Sess.#4 <input type="checkbox"/> Aug. 7 - Aug. 18	Sess.#1 <input type="checkbox"/> June 26- July 7 Sess. #2 <input type="checkbox"/> July 11 - July 22 Sess.#3 <input type="checkbox"/> July 25 - Aug. 5 Sess.#4 <input type="checkbox"/> Aug. 7 - Aug. 18	
Specialty Camps: Pending space availability at time of registration		

A.M. & P.M. Extended Care Options - Fun Club
*Additional morning and afternoon extended care options are not included in the SMK program.
 To enroll, see the "Fun Club" (extended care) form available on the camp website.*

IMPORTANT INFORMATION AND SIGNATURES REQUIRED ON BACK!! **OVER**

office use only	Date Reg.& Deposit Rec. _____ Confirmation: phone _____, email _____, mail _____
	Walk In _____ Mail In _____ Check # _____ Invoice # _____

Eligibility Requirements

Eligibility for full scholarship to any 2-week Summer 2017 camper program where age, gender and availability are compatible with session or program requirements.

Applicants must meet all criteria. Applications are processed on a first-come, first-served basis. Applications will be processed as soon as all paperwork is completed including physician verification and signature. Applicants will be notified by phone of their status. In confirming acceptance of the campership, the caregiver is required to complete all camper required paperwork and return them to the camp office within 7 business days, (assistance and consideration will be provided regarding the feasibility of its completion). All children awarded a scholarship must have medical insurance and supply a current Standard Pediatric Health Form with up-to-date immunizations. No financial information is required for consideration. All information supplied will be kept strictly confidential.

Camper Applicant Criteria:

- ^ Applicant must be ages 4-16, dependent upon the requested camper program age guidelines. Camp programs are outlined on our website: www.pompositticutfarm.com
- ^ Applicant's primary caregiver is or will be undergoing cancer treatment during the summer months of June, July or August. (Primary caregiver's physician must certify they are the primary caregiver for the applicant and they will be undergoing treatment during the Summer of 2017).
- ^ Certification form is completed and signed by healthcare provider. (Oncologist)

Check Statements Below

- ____ I, _____, am the primary caregiver for the camper/applicant.
- ____ I was diagnosed with _____ cancer on (date) _____.
- ____ I am/will be undergoing cancer treatment in the form of chemotherapy during the summer of 2017.
- ____ I will be able to ensure daily transportation for the applicant both to and from camp during the scheduled hours of 8:30am – 3:15pm or 6:00pm when registered for the afternoon Fun Club program (applicable fee applies)
- ____ I consent you may verify my diagnosis with the provider listed below

Signed by Applicant. _____

Date _____

Print Legal Name _____

PHOTO PERMISSION I give permission for the camper listed on this registration form, to allow photographs and/or videos to be taken during camp activities. I further give permission and consent that any such photographs and/or videos may be published and used by Pompositticut Farm Day Camp, Inc. and it's affiliated agents, to illustrate and promote the camp experience, Pompositticut Farm Day Camp and its camp programs with no names included in the publication.



Signature of parent/guardian (signature covers any & all non-custodial parents)

date

Must be signed below by the camper's parent/guardian for enrollment to be confirmed.

REGISTRATION AGREEMENT

In acceptance of my child as a PFDC participant, I hereby agree to meet the financial requirements as stated by Pompositticut Farm Day Camp, Inc. I acknowledge the program fee and administrative fee per child, per program are required with each registration. Once my child is enrolled, the program and administrative fees are "non-refundable" and are "not transferable" between sessions or programs. Written notice of cancellation is required. No refund will be made for absence, withdrawal, dismissal, inclement weather, or any foreseen disaster whether natural or man-made. There is a \$25.00 fee for checks returned by the bank with replacement payments accepted by certified bank check or cash only. No camper may begin his/her session until the program fees are paid in full. **The directors reserve the right to dismiss a camper when, in their judgment, the camper's behavior interferes with the rights and safety of others, with no refund offered.**

CAMPER INTERNET AGREEMENT: It is important to the management and staff here at PFDC to maintain a code of conduct that promotes an emotionally and physically safe environment for all. Access to the internet is a wonderful opportunity to interact with the world at large and share information. This opportunity brings with it a number of responsibilities regarding both staff and campers. It is the understanding of PFDC, that parents will supervise their child and help them to fulfill these responsibilities regarding proper online etiquette. I understand the directors reserve the right to dismiss with no refund, any camper who they deem has used defamatory or improper use of Pompositticut Farm Day Camp in any internet or social network reference.



Signature of parent/guardian (signature covers any & all non-custodial parents)

date