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# 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 YS, 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 2021:  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: \_\_\_\_\_

<b>FARMTASTIC</b> (Ages 6-12) 1 Week Options	<b>DAY CAMP</b> (Ages 6-12) <b>BARNYARD BUDDIES</b> (Ages 4-6) All 2 Week Sessions	Please include this completed SMK form and a check for the amounts below <a href="#">paid in full to Pompositticut Farm Day Camp</a> and mail to the camp office  <b>SMK PROGRAM FEE</b> (\$150 per session) _____ <b>SMK ADMIN. FEE:</b> <span style="float: right;"><b>\$75.00</b></span> <b>"Optional" FUN CLUB:</b> _____ Additional Charge <i>Available to register once application is accepted</i>  <b>TOTAL ENCLOSED</b>
Sess. #1A <input type="checkbox"/> June 28 - July 2 Sess. #1B <input type="checkbox"/> July 5 - July 9 Sess. #2A <input type="checkbox"/> July 12 - July 16 Sess. #2B <input type="checkbox"/> July 19 - July 23  Sess. #3A <input type="checkbox"/> July 26 - July 30 Sess. #3B <input type="checkbox"/> Aug 2 - August 6 Sess. #4A <input type="checkbox"/> August 9 - August 13 Sess. #4B <input type="checkbox"/> August 16 - August 20	Sess. #1 <input type="checkbox"/> June 28 - July 9 Sess. #2 <input type="checkbox"/> July 12 - July 23 Sess. #3 <input type="checkbox"/> July 26 - Aug 6 Sess. #4 <input type="checkbox"/> Aug 9 - Aug 20	
<b>SOAR MORE</b> , Ages 10-16 All 2 Week Sessions		
Sess.#1 <input type="checkbox"/> N/A Sess.#2 <input type="checkbox"/> July 12 - July 23 Sess.#3 <input type="checkbox"/> July 26 - Aug 6 Sess.#4 <input type="checkbox"/> N/A		

**SOAR MORE:** Pending space availability at time of registration

**A.M. & P.M. Extended Care Options**  
 Additional morning and afternoon extended care options are not included in the SMK program. To enroll, see "Early Birds" & "Fun Club" information 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 summer day camp 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 online paperwork 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 confidential.

**Camper Applicant Criteria:**

- ^ Applicant must be ages 4-15, dependent upon the requested camper program age guidelines. Camp programs are outlined on our website: [www.pompositticutfarm.com](http://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 sessions).
- ^ 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 2021.
- \_\_\_ 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 3:15pm - 6:00pm when registered for the afternoon Fun Club program (applicable fees apply).
- \_\_\_ 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*