

JOURNEY CAMP REGISTRATION FORM (2009)

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

2. Grade they will be entering September 2009: _____

3. Age as of June 2009: _____

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

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

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:

- ___ Three Week for Boys and Girls: July 6-24 Cost: \$675 (\$50 plus \$625)
- ___ Girls Week: August 10-14 Cost: \$265 (\$50 plus \$215)
- ___ Teen Leadership at Girls Week: August 8-9 Cost: \$350 (\$50 plus \$300)

8. Payment: Choose one

- ___ I agree to send half the cost March 1st and half 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 1 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: *Please reply on back of this form or email a longer letter.*

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

- b. We want every camper to have our support.
Are there any current issues or needs we should be aware of?

- c. What assistance will your child need in following 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 765, Greenfield, MA 01302