



933 Friendly Pines Rd. • Prescott, AZ 86303
(928) 445-2128 or 1-888-281-CAMP (2267)

2012 DAY CAMP APPLICATION

OFFICE USE ONLY	
Date Rec'd _____	Ck. Reg _____
Roster: (1) _____	(2) _____ (3) _____

PARENT OR LEGAL GUARDIAN to complete and sign both sides of this form. PLEASE type or print carefully in black ink.

Name of Camper _____ Nickname _____
Last First Middle

Residence _____ Home Phone () _____
No. Street Apt/Suite/Unit

City _____ State _____ Country _____ Zip/Postal Code _____

Mailing Address _____ email address _____

Date of Birth ____/____/____ Age on '12 Birthday _____ T-Shirt Size (circle one) YM YL AS AM AL AXL

Boy Girl Has this child attended FPC previously? Y N For child's dining comfort, if he/she eats with left hand check here

Height _____ Weight _____ Grade NEXT FALL _____ School _____ City _____

Brothers(& ages) _____ Sisters (& ages) _____

Special Interests and Hobbies _____

Any Problems or Special Needs _____

Father's Name _____ Bus. Ph() _____ Hrs & Days _____
Mr. Dr. Last First Middle

Cell Ph() _____ Pager () _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

Mother's Name _____ Bus. Ph() _____ Hrs & Days _____
Mrs. Ms. Dr. Last First Middle

Cell Ph() _____ Pager () _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

If child does not live with both natural parents at the address shown above as "home", please check here , and give information regarding where child resides, when, and with whom. If necessary, use another sheet to provide relevant information concerning family/marital/legal custody/visitation rights/etc., which will be held in confidence _____

Billing sent to _____ Relationship to camper _____ Phone() _____

Billing Address _____ City _____ State _____ Zip _____

SESSIONS for which enrollment is desired – Please check appropriate . Deposit for each session *must* accompany this form, completely filled out and signed below. You can also call in your credit card payment. All balances must be fully paid by April 10. After April 10, fees are due upon enrolling. \$25.00 charge for any returned check.

ONE WEEK SESSIONS

- Mon, June 18 – Fri, June 22 1 wk (weekdays only) \$500 \$150 deposit enclosed – BALANCE DUE BY APRIL 10
- Mon, July 2 – Fri, July 6 1 wk (weekdays only) \$500 \$150 deposit enclosed – BALANCE DUE BY APRIL 10
- Mon, July 16 – Fri, July 20 1 wk (weekdays only) \$500 \$150 deposit enclosed – BALANCE DUE BY APRIL 10

TWO WEEK SESSIONS (WEEKDAYS ONLY, NO WEEKENDS INCL.)

- Mon, June 18 – Fri, June 29 2 wks (weekdays only) \$900 \$300 deposit enclosed – BALANCE DUE BY APRIL 10
- Mon, July 2 – Fri, July 13 2 wks (weekdays only) \$900 \$300 deposit enclosed – BALANCE DUE BY APRIL 10
- Mon, July 16 – Fri, July 27 2 wks (weekdays only) \$900 \$300 deposit enclosed – BALANCE DUE BY APRIL 10

Parents, grandparents relatives or siblings who've attended FPC in the past _____
First-time families: How did you learn of FPC? _____

Deposit for any session, less \$50.00 non-refundable clerical fee, will be refunded if Camp receives written cancellation by May 1. Our commitments concerning food, staff, and supplies are made early in the Spring, and therefore, if enrollment is cancelled **after** May 1, any refund (less \$50.00) will be made **only** if opening is filled. You may wish to consult your insurance agent re: cancellation refund coverage. If, due to illness or accident, a child returns home for more than one week on advice of the camp doctor, the camp will offer equivalent future time. Should a child be removed by parent or sponsor; dismissed from camp for disciplinary reasons, or for actions/behaviors incompatible with group living, no refund is made nor equivalent time given. I have read and agree to the above.

Signed (Parent or legal guardian only): X _____

Relationship to camper: _____ Date: _____