

### FSU Summer Day Camp Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Current Grade \_\_\_\_\_ Phone Num \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Email \_\_\_\_\_

#### Sessions Attending: (Check all that apply)

- |           |                                      |                                       |
|-----------|--------------------------------------|---------------------------------------|
| Session 1 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 2 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 3 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 4 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 5 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 6 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 7 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |
| Session 8 | <input type="checkbox"/> Regular Day | <input type="checkbox"/> Extended Day |

Parents/Guardians' Names \_\_\_\_\_

Occupation \_\_\_\_\_ Phone Num \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone Num \_\_\_\_\_  
Other Children in Family: \_\_\_\_\_ Age(s) \_\_\_\_\_  
Name(s) \_\_\_\_\_

In case of emergency, name and number of person to notify:

Name \_\_\_\_\_ Phone Num \_\_\_\_\_  
Name \_\_\_\_\_ Phone Num \_\_\_\_\_

Are there any medical problems that would prevent the child's participation in day camp activities? Yes No  
If yes, please state \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), in consideration of the acceptance of \_\_\_\_\_ (child's name) as a FSU day camper, hereby agree to comply with the terms stated on the General Information Sheet, which accompanied this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The \$25 registration fee must accompany this application. The physical examination form must be completed and forwarded to the camp before the start of the session. Payment of the registration fee will hold a place in the camp for your child. Payment in full is due two weeks prior to the beginning of your child attending camp.

FOR OFFICE USE ONLY:

Appl Rec'd \_\_\_\_\_ Payment Rec'd \_\_\_\_\_  
Tuition Rec'd \_\_\_\_\_ Med Form Rec'd \_\_\_\_\_