

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 Regular Day Extended Day
- Session 2 Regular Day Extended Day
- Session 3 Regular Day Extended Day
- Session 4 Regular Day Extended Day
- Session 5 Regular Day Extended Day
- Session 6 Regular Day Extended Day
- Session 7 Regular Day Extended Day
- Session 8 Regular Day 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 _____