

FSU Summer Day Camp Application

Child's Name _____ Date of Birth _____ Gender _____
Current Grade _____
Home Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email _____

Sessions Attending: (Check all that apply)

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

Parents/Guardians' Names _____

Occupation _____ Phone Num _____
Occupation _____ Phone Num _____
Other Children in Family: _____
Name(s) _____ Age(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 _____ Yes No

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 _____