



## 2010 SUMMER CAMP CAMP D'ETE 2010

PHOTO  
 (new students only)

*For School use only:*  
 Application received on: \_\_\_\_\_  
 Dates of Camp: \_\_\_\_\_  
 Age on June 1st: \_\_\_\_\_

### CHILD INFORMATION

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Place of Birth/Country: \_\_\_\_\_ o Male o Female  
 o Child is potty trained o Child is not potty trained o Child is being potty trained  
 Allergies: \_\_\_\_\_

### LINGUISTIC INFORMATION

Language of the mother: \_\_\_\_\_ language of the father: \_\_\_\_\_  
 Language spoken to the child by the mother: \_\_\_\_\_ by the father: \_\_\_\_\_  
 by a third person in the household (nanny, grandmother, etc.): \_\_\_\_\_  
 Language spoken by the child: \_\_\_\_\_

### FAMILY INFORMATION

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address _____
Home Phone: _____	Home Phone: _____
Occupation: _____	Occupation: _____
Title: _____	Title: _____
Name of Company: _____	Name of Company: _____
Address: _____	Address: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

**Parents:** o Married o Separated o Divorced o Other \_\_\_\_\_

**Other Children in the Family (name and age):** \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about our school? \_\_\_\_\_

Why are you interested in our camp? \_\_\_\_\_

Have you previously applied for admission of this student at FMS?   o yes   o no

Do any of this applicant's siblings attend FMS now or has attended FMS in the past?   o yes   o no   o who?   o when?

Has applicant ever used the services of a social worker, professional counselor, psychologist or psychiatrist?   o yes   o no

Does your child have any special health needs that may limit participation in all school activities and particularly physical education?   o yes   o no. If yes, please explain: \_\_\_\_\_

**SCHOOL INFORMATION**

Current School/Address: \_\_\_\_\_

Program attended (# days/week, # hours/day): \_\_\_\_\_

**PROGRAM & FEES (please check)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> June 22 – June 26 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |
| <input type="checkbox"/> June 29 – July 3  | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |
| <input type="checkbox"/> July 5 – July 10  | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |
| <input type="checkbox"/> July 13 – July 17 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |
| <input type="checkbox"/> July 20 – July 24 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |
| <input type="checkbox"/> July 27 – July 31 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$300 | <input type="checkbox"/> 9 am to 5:30 pm - \$350 |

**TERMS OF ENROLLMENT**

**Payment/Refund Policy**

The full payment is due with registration and no later than May 1<sup>st</sup>, 2010.

If registration is cancelled before or on May 1<sup>st</sup>, the total amount will be refunded.

If registration is cancelled after May 1<sup>st</sup> but no later than June 1<sup>st</sup>, 50% of the total amount will be refunded.

If registration is cancelled after June 1<sup>st</sup>, no refund will be made.

**Miscellaneous**

1. I give permission for my child to participate in all school activities and field trips.
2. I grant my permission for my child to be included on school pictures and give permission for those pictures to be used in communication by the school.
3. Every child must have completed medical forms, signed by the physician, including immunization records, on file in the Preschool office before the child enters the program.
3. No refunds for school closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.
4. No refund/proration will be made for sickness or other absences from the child.
5. Please read our policy about exclusion/readmission of children who are ill. No exception will be made.

*I hereby apply for admission to FMS Summer Camp for my child. I/we certify that the information on this application is correct and complete. I agree to pay the entire amount of the camp upon submitting this application.*

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_