

# FCD SUMMER FUN CAMP AT EDISON

## 2005 Camp Enrollment Form

Mailing Address: PO Box 10453, New Brunswick, NJ 08906

Camp Location: 334 Plainfield Ave, Edison

Tel: 732-418-7244 or 732-828-0885

E-mail: [mehua@hotmail.com](mailto:mehua@hotmail.com) [www.fcdschool.org](http://www.fcdschool.org)

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade in Fall 04 \_\_\_\_\_  
Home address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Email: 1. \_\_\_\_\_; 2. \_\_\_\_\_  
Mother / Guardian's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother / Guardian's work # \_\_\_\_\_ Father's work # \_\_\_\_\_  
Emergency contact #1 \_\_\_\_\_ Phone # \_\_\_\_\_  
Emergency contact #2 \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

### *Sessions desired:*

\_\_\_\_\_ 1 session (2 weeks)  
\_\_\_\_\_ 2 sessions (4 weeks)  
\_\_\_\_\_ 3 sessions (6 weeks)  
\_\_\_\_\_ 4 sessions (8 weeks)  
\_\_\_\_\_ 5 sessions (9 weeks)

### *Days desired:*

\_\_\_\_\_ 5 full days  
\_\_\_\_\_ 3 full days  
\_\_\_\_\_ 5 half days  
\_\_\_\_\_ 3 half days

### *Go Program desired:*

\_\_\_\_\_ 4 weeks  
\_\_\_\_\_ 8 weeks

Camper's shirt size (please circle) (\$5) Youth: M (10-12) L (14-16) Adult: S M L XL

A \$200.00 deposit is required of each child at registration time, plus a \$30.00 non-refundable registration fee is due with the enrollment form. Total due at registration is \$230.00. All deposit money is non-refundable after March 31, 2005. All camp payments are due on or before June 27, 2005. After June 27, 2005 all payments are non-refundable and non-transferable. There will be a \$25.00 charge per returned check.

Camper's healthy and vaccine information submitting to the camp before or on your first camp day is required by the State regulation.

**I hereby give my permission to the FCD Summer Fun Camp at Edison to take my child on trips outside of camp. Furthermore, I hereby grant permission for my child to participate in all camp activities and also give permission for my child to be photographed. The Director will exercise every reasonable precaution consistent with safety, good health and proper care. Finally, in the event that my family physician or I cannot be contacted in an emergency, I hereby grant permission for the FCD Summer Fun Camp at Edison's staff to contact the nearest medical facility, to provide a physician and to give emergency treatment to my child.**

Parent's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_