

2010 Request For Enrollment with Financial Assistance

POMPOSITTICUT FARM DAY CAMP

25 Lewis St., Hudson, MA 01749
978-562-0968, fax 978-568-8831

mail@pompositicutfarm.com
www.pompositicutfarm.com

CAMPER NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____ DATE OF BIRTH: _____

TOWN: _____ STATE: _____ ZIP _____ AGE during camp _____

HOME PHONE: _____ SCHOOL & CURRENT GRADE _____

HOME EMAIL: _____ CUSTODIAL PARENT: _____

FINANCIAL ASSISTANCE APPLICATION

Parent/Guardian:	Parent/Guardian:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Employer(s):	Employer(s):
Occupation:	Occupation:

TOTAL GROSS ANNUAL FAMILY INCOME	Total number in household who depend on this income
_____ Parent/Guardian 1	_____ # of Adults
_____ Parent/Guardian 2	_____ # of Children
_____ Other Sources (Alimony (Child Support, etc.)	
_____ TOTAL FAMILY INCOME	_____ TOTAL # of Family in Household

Income verification is required
Please attach a copy of the Front Page of your 2009, 1040 tax form, along with the two most recent pay stubs and/or copies of any government subsidies.

Camper Name _____ Relation _____ Date of Birth _____

Camper Name _____ Relation _____ Date of Birth _____

Camper Name _____ Relation _____ Date of Birth _____

Please describe any special circumstances or family expenses that make financial assistance necessary (attach separate sheet)

In order to process this application, you must include a copy of the Front Page of your 2009, 1040 tax form, along with the two most recent pay stubs, and/or copies of any government subsidies. I certify that the information on this form is accurate and true.

Applicant Signature _____ Date _____

Important Information and Signatures required on back



CAMPER NAME: _____ Age: _____

In the boxes below, please select sessions in your order of preference	FOR OFFICE USE ONLY												
<p>2010 Day Camp Rates & Dates</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Session #1</td> <td style="width:10%; border: 1px solid black; text-align: center;"> </td> <td style="width:75%;">June 28 - July 91175.00</td> </tr> <tr> <td>Session #2</td> <td style="border: 1px solid black; text-align: center;"> </td> <td>July 12 - July 23 1395.00</td> </tr> <tr> <td>Session #3</td> <td style="border: 1px solid black; text-align: center;"> </td> <td>July 26 - August 61395.00</td> </tr> <tr> <td>Session #4</td> <td style="border: 1px solid black; text-align: center;"> </td> <td>August 9 - August 20. . . 1395.00</td> </tr> </table>	Session #1		June 28 - July 91175.00	Session #2		July 12 - July 23 1395.00	Session #3		July 26 - August 61395.00	Session #4		August 9 - August 20. . . 1395.00	<p>TUITION: _____</p> <p>FINANCIAL AID: _____</p> <p>ADMINISTRATIVE FEE: \$25.00</p> <p>TOTAL TUITION: _____</p> <p>* \$100 MINIMUM DEPOSIT: _____</p> <p>2nd Payment of _____, Due by _____</p> <p>3rd Payment of _____, Due by _____</p> <p>Final Payment of _____, Due by _____</p>
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OFFICE USE ONLY	session approved: _____												

BILL TO: (IF DIFFERENT THAN THE PARENTAL NAMES LISTED ON THE FRONT)

NAME: _____

ADDRESS: _____ TOWN: _____

STATE: _____ ZIP: _____ DAYTIME PHONE: _____ CELL PHONE: _____

CAMPER GROUPING REQUESTS: You may request groupings of friends below. Please note though, that our camper groups are determined by age, grade and swimming levels. We will review and accommodate these requests to the best of our ability when assembling camper groups. Although your child may request to be grouped with another camper, please make sure the request is mutual, to avoid any surprises, disappointments and/or problems that may occur once the groupings are assigned. Also note, by requesting a specific pairing, your child may be not be placed with campers his/her age or grade.

Group my child with: _____

I give permission for the camper listed on this registration form, to allow photographs and/or videos to be taken during camp activities. I further give permission and consent that any such photographs and/or videos may be published and used by Pompositticut Farm Day Camp, Inc. and it's affiliated agents, to illustrate and promote the camp experience, Pompositticut Farm Day Camp and its camp programs.

Signature of parent/guardian (signature covers any & all non-custodial parents)
date

Must be signed below by the camper's parent/guardian for enrollment to be confirmed.

In acceptance of my child as a PFDC participant, I hereby agree to meet the financial requirements as stated by Pompositticut Farm Day Camp, Inc. I acknowledge the registration and administrative fee per child, per program are required with each registration. Once my child is enrolled, the registration and administrative fees are not transferable between sessions or programs and written notice of cancellation is required. Additionally there is a \$100 surcharge for all forms, fees and/or registrations submitted after May 1, 2010. No refund will be made for absence, withdrawal, dismissal, inclement weather, or any foreseen disaster whether natural or man made. There is a \$25.00 fee for checks returned by the bank with replacement payments accepted by certified bank check or cash only. No camper may begin his/her session until the tuition is paid in full, including finance charges which apply to all late payments. The directors reserve the right to dismiss a camper when, in their judgement, the camper's behavior interferes with the rights and safety of others, with no refund offered.

Signature of parent/guardian (signature covers any & all non-custodial parents)
date

office use only	Date Reg. & Deposit Rec. _____	Confirmation: phone _____, email _____, mail _____	
	Walk In _____ Mail In _____	Check # _____	Invoice # _____