



CIRCLE D FARM SUMMER DAY CAMP REGISTRATION FORM

Please print. Complete the entire form and return with registration fee.

FOR OFFICE USE	
BR: _____	CN: _____
Date Received: _____	

NAME OF CAMPER: _____ Sex: M F

Name Preference: _____ Referred By: _____

Birthday: ____/____/____ Age: _____ Yrs. _____ Mo.

Parent or Guardian: _____ Home Phone: _____

Address: Street: _____

City: _____ State: _____ Zip _____

Cell Phone (mother): _____ Cell Phone (father): _____

Work Phone (mother): _____ Work Phone (father): _____

Optional: Contact Email: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

School: _____ City: _____ State _____

The following information is required for Circle D Farm to have by the Maryland Health Department for all campers.

Date of last tetanus shot: ____/____/____ (All campers must be current on all immunizations. See www.EDCP.org)

Please provide information on any medical, psychological or behavioral conditions, dietary restrictions, allergies or special needs that we should be made aware of to ensure that your child's camp experience is positive. If any medications are required to be administered during camp, please contact Circle D Farm to fulfill the required procedures prior to camp attendance dates.

I wish to enroll _____ for _____ weeks
beginning _____ and ending _____ in Circle D Summer Day Camp.

Other Notes: (bus preference, before and after care needed, grouping preference, etc.): _____

- **Registration Fee:** Include payment of \$25.00 Registration Fee. (Registration Fee covers a camp t-shirt and administrative costs) Registration deposits are refundable if notice is given before June 1st. *NOTE: Weekly payments for camp tuition are due each Monday if not previously paid. (Upon request, receipts can be obtained during camp attendance dates from Camp Director.)*

• **Please make checks payable to: Circle D Farm Summer Day Camp**

Mail To: Circle D Farm	Phone: 301-854-6651	Fed ID# 52-1143442
15535 Carrs Mill Road	info@circledfarm.com	
Woodbine, MD 21797	www.CircleDFarm.com	

The Director reserves the right to remove a destructive, disruptive or unmanageable camper immediately from any activity. If appropriate, The Director reserves the right to terminate the camper's session.

By signing below, I _____ wish to register my child _____ as a camper in the Circle D Farm Summer Day Camp program. My child(ren) have permission to participate in the camp activities for which he/she is enrolled. I give permission for my child(ren) to ride the bus to and from the camp location. Camp reserves the right to use photos of campers for promotional purposes in printed literature and the web site.

Signature of Parent/Guardian _____ Date _____