



Registration Form

Please print and complete the entire form per camper.
Return with registration fee.
Celebrating over 35 years of FUN!

For Office Use	
BR: _____	CN: _____
Date Received: _____	

Campers can register for any number of weeks during camp season. Enrollment starts any Monday

Name of Camper: _____ Name Preference : _____

Sex M F Birthday: ____/____/____ Age: ____ Yrs. ____ Mo.

Primary Contact (Parent 1): _____ Parent 2: _____

Address: Street: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone (Parent 1): _____ Cell Phone (Parent 2): _____

Work Phone (Parent 1): _____ Work Phone (Parent 2): _____

Contact e-mail: _____ Requested Shirt Size (circle one) YM YL S M L

Emergency Contact (other than parent): _____ Phone: _____

Child Physician: _____ Phone: _____

School: _____ City: _____ State: _____

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

- Are there any health problems including physical, psychiatric, or behavioral which we should be aware of? NO
 YES (please explain) _____
- Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure a positive camp experience for your child? If any medications are required to be administered during camp, please contact Circle D Farm to fulfill the required procedure prior to camp attendance. NO YES (please explain) _____

IMMUNIZATION INFORMATION: For campers who reside **within** the United States, please list the state in which child resides: _____. Is this child exempt from any immunizations? NO YES (list them) _____.

OR For campers who reside **outside** the United States, please list which country child resides: _____. Attach Department form DHMH-896 (record of vaccination or immunity)

The Health Department requires camps to obtain authorization before applying sunscreen. Completing and signing this form serves as your permission for Circle D Farm Summer Day Camp to apply sunscreen to your child. We encourage parents to have children apply sunscreen each day before arriving to camp and to send a bottle with camper each day of camp labeled with campers' name. (Anticipated sunscreen brand: _____)

Please check one of the following: Staff may assist my child in applying sunscreen

My child knows how to apply, but staff may assist when needed My child knows how to apply and does not require assistance

I wish to enroll _____ in Circle D Farm Summer Day Camp for _____ week(s)

beginning on the following Mondays (month/day) ____/____, ____/____, ____/____, ____/____, ____/____, ____/____, ____/____.

Other Notes (Bus preference, before or after care needed, grouping preference, etc.): _____

- Registration Fee:** Include payment of \$30.00 Registration Fee. 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
15535 Carrs Mill Road
Woodbine, MD 21797

Phone: 301-854-6651
info@circledfarm.com
www.CircleDFarm.com

FED ID # 52-1143442

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 has permission to participate in the camp activities for which he/she is enrolled. I give permission for my child 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 website.

Signature of Parent or Guardian: _____ Date: _____

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