

**JOLLY FUN DAY CAMP-2008**  
**7642 W. Irving Park Road, Norridge, IL 60706**  
**DES PLAINES REGISTRATION FORM**  
**Ph. 708-456-5512 or 773-637-6115 Fax 708-456-3828**

**PLEASE PRINT**

**Camper(s)**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Elementary school your child(ren) attend(s) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ City \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ City \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_ Mother's Cell Ph. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dad's Cell Ph.(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Married ~ Separated ~ Divorced ~ Widowed ~ Single Parent ~ Remarried ~

Legal Guardian Parents Above? Yes ~ No ~ If No, Please Specify \_\_\_\_\_

References (**minimum of two**) to call other than parents in the event the parents cannot be reached, and are authorized to receive child(ren):

Name: \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's Physician: \_\_\_\_\_ City: \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**OUR DAY CAMP SEASON CONSISTS OF 11 WEEKS: JUNE 9 to AUGUST 22**

To enable us to properly staff and plan ACTIVITIES for our camp, please **CHECK EACH WEEK BELOW** you PLAN to have your child(ren) attend. **We recommend that the first two scheduled weeks in camp be consecutive.**

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th
6/9	6/16	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18
€	€	€	€	€	€	€	€	€	€	€

Please list all medical restrictions, allergies or special considerations your child(ren) has/ have. \_\_\_\_\_

I will bring my child(ren) to camp at approximately: \_\_\_\_\_ a.m. I will pick up my child(ren) at approximately: \_\_\_\_\_ p.m.

Has your child(ren) attended camp before? Yes ~ No ~ Camp: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parents, please tell us how you heard of our camp: Recommended by: \_\_\_\_\_

**Recommendation:** ~ Saw Camp ~ School Flyer ~ Mailer ~ Web Site ~ Telephone Book: AT&T ~Yellow Book ~

Reason for choosing our camp: \_\_\_\_\_

Indicate **SIZE** for one free **REGULAR** T-shirt per camper

	Camper 1	Camper 2	Camper 3
SIZE			

Available **T-SHIRT** types & size

REGULAR & TANK-TOPS	CHILD SIZES 10/12 & 14/16	ADULT SIZES S,M,L,XL,XXL
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**OVER →**

## REGISTRATION POLICIES

I give my permission for the above named child(ren) to be taken from the Des Plaines campgrounds to participate in all camp activities. I understand that the camp may take candid pictures or videos of all children using only professional photographers, and unless requested otherwise the pictures or videos may be incorporated into our promotional literature and may be used for advertising purposes.

I hereby give my consent and authorize the Jolly Fun Day Camp, as long as my child, my children, or children under my guardianship are enrolled therein, to first contact emergency medical services or to take such children to the hospital or any medical center, for emergency medical care or treatment in the case of sudden illness or accident. I agree to bear the cost, if any, of such necessary emergency care.

If your child(ren) has/have any medical restrictions, allergies, or special considerations, please indicate on the registration form. In the absence of restrictions, we will assume your child(ren) may participate in all camp activities.

With two weeks written notice, registration changes may be made without any penalty. However, for each week registered but not attended, full tuition is charged. If you wish your child(ren) to attend any weeks not indicated on the registration form, we will be happy to accommodate you if space is available.

/Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EARLY BIRD RATE:** If your registration is postmarked by **Monday, April 7, 2008**, you will be eligible for the EARLY BIRD RATE OF \$10.00 OFF THE REGULAR WEEKLY TUITION PER CAMPER. Registrations mailed after **April 7, 2008 will not be eligible for the Early Bird Rate** (No Exceptions). Please note a **FREE T-SHIRT AND TOTE BAG** are included with registration.

<u>ONE CAMPER RATE PER WEEK</u>	
CALL FOR RATES	

<u>TWO CAMPER RATE PER WEEK</u>	
CALL FOR RATES	

### REGISTRATION PROCEDURES:

△ Complete the registration form. There is only a **two week minimum registration required**. We recommend that the first two scheduled weeks in camp are consecutive to allow your child the opportunity to adjust and make friends in camp.

△ Mail the **REGISTRATION FORM**, the **REGISTRATION FEE** per camper (non-refundable), the **FIRST WEEK TUITION** and the **LAST WEEK SECURITY DEPOSIT**.

△ **APRE PAY OPTION:** Receive a 2.0% discount for tuition if the entire summer is paid in advance (MINIMUM OF 10 WEEKS)

△ Additional T-SHIRTS and TOWELS may be pre-ordered at the time of registration.

MAIL REGISTRATION FORM AND FEES TO: **JOLLY FUN DAY CAMP, 7642 W. Irving Park Road, Norridge, IL 60706**

<b>OFFICE USE ONLY UNLESS MAILING AND/OR FAXING IN REGISTRATION</b>			
Date of Admittance ____/____/____	Date of Discontinuance ____/____/____		
\$ _____ Registration Fee			
\$ _____ Day Camp Tuition (minimum first week)			
\$ _____ Last Week Security Deposit			
\$ _____ Additional T-Shirts (Regular T-Shirts-\$10.00 each)	(SIZE _____ QTY _____)	(SIZE _____ QTY _____)	(QTY _____)
\$ _____ Total Received:	Check # _____	Cash €	Credit Card €      Date Received ____/____/____
<b><u>For credit card payment, please complete section below (Visa or Mastercard)</u></b>			
Card Holder Name: _____ Type of Credit Card: _____ Credit Card #: _____			
Exp. Date: _____ Back side last three digits: _____ Card Holder Signature: _____			