

JOLLY FUN DAY CAMP
1001 OAK AVENUE
PROSPECT HEIGHTS REGISTRATION FORM
Ph. 847-541-5577 Fax 847-541-3834

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 _____ Mom'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 Print Primary Name _____

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: _____ Relationship: _____ Hm. Tel.(____) _____ - _____ Wk. Tel.(____) _____ - _____

Address: _____ City: _____ IL Zip: _____

Name: _____ Relationship: _____ Hm. Tel.(____) _____ - _____ Wk. Tel.(____) _____ - _____

Address: _____ City: _____ IL Zip: _____

Name: _____ Relationship: _____ Hm. Tel.(____) _____ - _____ Wk. Tel.(____) _____ - _____

Address: _____ City: _____ IL Zip: _____

Child's Physician: _____ City: _____ Wk.#(____) _____ - _____

OUR DAY CAMP SEASON CONSISTS OF 11 WEEKS: JUNE 7 to AUGUST 20

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Available **T-SHIRT** types & size

	Camper 1	Camper 2	Camper 3
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 Norridge or 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 5, 2010**, you will be eligible for the EARLY BIRD RATE OF \$10.00 OFF THE REGULAR WEEKLY TUITION PER CAMPER. Registrations mailed after **April 5, 2010 will not be eligible for the Early Bird Rate** (No Exceptions). Please note a **FREE T-SHIRT AND TOTE BAG** are included with registration.

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**.

PRE 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**

OFFICE USE ONLY UNLESS MAILING AND/OR FAXING IN REGISTRATION

Date of Admittance ____/____/____

Date of Discontinuance ____/____/____

\$ _____ Registration Fee

Receive IDHS: Yes No

\$ _____ Day Camp Tuition (minimum first week)

IDHS Expiration Date: ____/____/____

\$ _____ Last Week Security Deposit

(SIZE _____ QTY _____) (SIZE _____ QTY _____) (QTY _____)
\$ _____ Additional T-Shirts (Regular T-Shirts-\$10.00 each) (Tank Tops-\$10.00 each) (Towels-\$15.00 each)

\$ _____ Total Received: Check # _____ Cash Credit Card Date Received ____/____/____

For credit card payment, please complete section below (Visa or Mastercard)

Card Holder Name: _____ Type of Credit Card: _____ Credit Card #: _____

Exp. Date: _____ Back side last three digits: _____ Card Holder Signature: _____