

**PLEASE COMPLETE ALL INFORMATION ON THIS FORM**

Murray Camp of Nantucket Island, Inc.  
P.O. Box 3437, Nantucket, Massachusetts 02584  
Tel: 508-325-4600 \* Fax: 508-325-4646

**2009 Enrollment Form**

Camper Name: \_\_\_\_\_ m \_\_\_ f \_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Age on 7/1/09: \_\_\_\_\_ years \_\_\_\_\_ months  
Island Address: \_\_\_\_\_  
Island Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Island Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
2nd Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age Group:  4 - 6  7- 10  11 - 14

**Please check** the weeks your child will attend:

- Week 1: 6/22 – 6/26
- Week 2: 6/29 – 7/3
- Week 3: 7/6 – 7/10
- Week 4: 7/13 – 7/17
- Week 5: 7/20 – 7/24
- Week 6: 7/27 - 7/31
- Week 7: 8/3 – 8/7
- Week 8: 8/10- 8/14
- Week 9: 8/17-8-21

One Week	\$575.00	Six Weeks	\$3450.00
Two Weeks	\$1150.00	Seven Weeks	\$4025.00
Three Weeks	\$1725.00	Eight Weeks	\$4600.00
Four Weeks	\$2300.00	Nine Weeks	\$5175.00
Five Weeks	\$2875.00		

**\*Guests of campers may attend with Director’s pre-approval at the rate of \$125. per day.**

**Guest days requested:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Please check box** if you would like to schedule a conference with the camp director to address any special needs or circumstances that would provide insight to enhancing your child’s experience at Camp.

**Parent Information:**

Father’s Name:

Address:

Home Tel.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell. Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email:

Mother’s Name:

Address:

Home Tel.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell.. Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email:

A nonrefundable registration fee of \$100. must accompany this completed application. This fee is solely a registration fee, not deductible from tuition. Please mail this completed form along with the \$100. registration fee to: Murray Camp, Inc., P.O. Box 3437, Nantucket, MA 02584. If the application is not accepted, the fee will be returned in full. Upon acceptance of this application and receipt of the \$100. registration fee, an enrollment space will be reserved and confirmation will be e-mailed to you within ten days. Once an application is accepted, tuition is not refundable for reasons including, but not limited to: incomplete attendance, dismissal and voluntary or involuntary withdrawals. Applications should be returned as soon as possible, as spaces for the 2009. season are limited. Tuition is due in full by May 1, 2009.

I am requesting registration of my child to attend Murray Camp, Inc. for the above dates. I agree to the above stated camp tuition policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**2009 Health Information Form**

Camper Name: \_\_\_\_\_

My child is physically able to participate in all phases of the camp program at Murray Camp.

Yes  No  (Please explain)

\_\_\_\_\_  
Please list any medication that your child presently takes:

\_\_\_\_\_  
Please list any allergies including allergic reactions:

\_\_\_\_\_  
Dietary modifications:

\_\_\_\_\_  
Operations or serious injuries:

\_\_\_\_\_  
Disabilities or chronic or recurring illness:

\_\_\_\_\_  
Medical Insurance Carrier:

Policy/Group #

If I am not available in an emergency, please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Cell: \_\_\_\_\_

Suggestions or health related information for camp personnel:

\_\_\_\_\_

\_\_\_\_\_  
**I understand that I must send proof of proper immunization from a physician or a health facility which according to Massachusetts law requires: An Immunization Record** which in accordance with Massachusetts law requires:

- Diphtheria/Tetanus
- Poliomyelitis
- Measles, Mumps, Rubella

\*Immunization records remain on file at camp and are therefore not necessary for returning campers unless they have received additional immunizations.

**\*Documentation of a physical done within the past twenty four months.** Physicals must be current (not older than two years old) for new campers as well as for returning campers.

Please send immunization and physical documentation to:  
**Murray Camp, P.O. Box 3437 Nantucket, Massachusetts 02584.**

I hereby certify that the above named child is in good health and fully able to participate in all activities except those stated above. In the event I cannot be reached in an emergency, I hereby give permission to the physician of Nantucket Cottage Hospital to hospitalize and/or secure treatment for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**PARENT/Guardian Signature**

Island Telephone: \_\_\_\_\_

Cell. Telephone numbers: \_\_\_\_\_ / \_\_\_\_\_