

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

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

2010 Enrollment Form

Camper Name: _____ m ___ f ___

Date of Birth: ___ / ___ / ___

Age on 7/1/10: _____ 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: 6/28 – 7/2

Week 2: 7/5 – 7/9

Week 3: 7/12 – 7/16

Week 4: 7/19 – 7/23

Week 5: 7/26 -7/30

Week 6: 8/2 – 8/6

Week 7: 8/9- 8/13

Week 8: 8/16-8/20

One Week \$575.00
Two Weeks \$1150.00
Three Weeks \$1725.00
Four Weeks \$2300.00

Five Weeks \$2875.00
Six Weeks \$3450.00
Seven Weeks \$4025.00
Eight Weeks \$4600.00

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

Guest days requested: _____, _____, _____

FORMCHECKBOX 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 2010. season are limited. Tuition is due in full by May 1, 2010.

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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2010 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:

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 of Nantucket Island, Inc., 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: _____/_____

As we frequently have children attending camp with diagnosed peanut allergies and during those times have the camp peanut free, we appreciate efforts to keep lunches and snacks sent to camp, peanut free throughout the summer. .

Much appreciated!!