2006 APPLICATION FOR ENROLLMENT

(Please feel free to photocopy this form if you need extras.)

*Parent or legal guardian (**PLEASE! NOT CHILDREN!**) to complete and sign this form.*

PLEASE type or print carefully in black ink: important info for our files.

FRIENDLY PINES CAMP

933 Friendly Pines Rd. • Prescott, AZ 86303
(928) 445-2128 • (602) 255-0550 (Metro Phoenix)

To be eligible, a child must have completed 1 full year of school, be amenable to the requirements of group living, in general good health, free of communicable disease, and dependably "toilet trained" day and night.

OFFICE USE ONLY
Date Rec'd: _____ Ck. Reg.: ____
Roster: (1) _____ (2) ____ (3) ____

Name of Camper _____ Prefers to be called _____
First Middle Last

Residence: _____ Home Phone ( ) _____
No. Street Apt./Suite/Unit #

City _____ State _____ Country _____ Zip/Postal Code _____ Religious Pref. _____

Mailing Address _____ e-mail address _____

Parents must keep camp informed if above addresses will not reach them during camp season. Use following line and give dates, please.

_____

Date of Birth _____ / _____ / _____ Age on ' **06** Birthday _____ T-Shirt Size: (circle one) **YM YL AS AM AL AXL**
Month Day Year

❑ Boy ❑ Girl Has this child (or other family member) attended FPC previously? **Y N** For child's dining comfort, if he/she *eats* with ***left hand*** check here: ❑

Height _____ Weight _____ Grade **NEXT** FALL _____ School _____ City _____

Brothers (& Ages) _____ Sisters (& Ages) _____

Special Interests and Hobbies _____

Any Problems or Special Needs _____

Father's Name _____ Bus. Ph ( ) _____ Hrs. & Days _____
Mr. Dr. First Initial Last Cell Ph ( ) _____ Pager ( ) _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

Mother's Name _____ Bus. Ph ( ) _____ Hrs. & Days _____
Mrs. Ms. Dr. First Initial Last Cell Ph ( ) _____ Pager ( ) _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

If child does not live with both natural parents at the address shown above as "home", please check here ❑, *and give information regarding **where** child resides, **when**, and **with whom**. If necessary, use reverse side to provide relevant information concerning family/marital/legal custody/visitation rights/ etc., which will be held in confidence.* _____

_____

Billing sent to _____ Relationship to camper _____ Phone ( ) _____

Billing Address _____ City _____ State _____ Zip _____

SESSIONS for which enrollment is desired—Please check appropriate ❑. Deposit for each session *must* accompany this form, completely filled out and signed below. **All fees must be fully paid by May 1.** After May 1, fees are due upon enrolling. $25.00 charge for any returned check.

❑ **Session 1 only**	**June 18 -**	**July 1**	**2 weeks**	**$1585.00**	**$350.00 deposit enclosed- BALANCE DUE BY MAY 1**
❑ **Session 2 only**	**July 2 -**	**July 15**	**2 weeks**	**$1585.00**	**$350.00 deposit enclosed- BALANCE DUE BY MAY 1**
❑ **Session 3 only**	**July 16 -**	**August 2**	**2 wks 4 days**	**$1885.00**	**$350.00 deposit enclosed- BALANCE DUE BY MAY 1**
❑ **Session 1 & 2**	**June 18 -**	**July 15**	**4 weeks**	**$2895.00**	**$700.00 deposit enclosed- BALANCE DUE BY MAY 1**
❑ **Session 2 & 3**	**July 2 -**	**August 2**	**4 wks 4 days**	**$3095.00**	**$700.00 deposit enclosed- BALANCE DUE BY MAY 1**
❑ **FULL SEASON**	**June 18 -**	**August 2**	**6 wks 4 days**	**$4495.00**	**$1050.00 deposit enclosed- BALANCE DUE BY MAY 1**

Parents, grandparents, relatives or siblings who've attended FPC in past _____

First-time families: How did you learn of FPC? _____

•When they are unable to reach me in an emergency, I hereby authorize the camp authorities to act on my behalf in arranging for medical care by a licensed physician (unless otherwise specified) at my expense in any case regarding this child which in their opinion requires diagnosis and/or treatment, and I release Friendly Pines Camp, Inc., its officers, directors and other personnel from all liability for any injury which may result from any such diagnosis and/or treatment.

•Deposit for any session, less $50.00 non-refundable clerical fee, will be refunded if Camp receives *written* cancellation by May 1st. Our commitments concerning food, staff, and supplies are made early in the Spring, and therefore, if enrollment is cancelled after fees are paid **after** May 1st, refund (less $50.00) will be made *only* if opening is filled. You may wish to consult your insurance agent re: cancellation refund coverage. In signing this form, my child/ward and I agree that she/he will abide by the camp's citizenship standards,dress policy, and codes of conduct; he/she will also exercise a cooperative attitude and good grooming. Absolutely NO tobacco, liquor, or illegal drugs will be brought, used, or possessed during the session(s). If, due to illness or accident, a child returns home for more than one week on advice of the camp doctor, the camp will offer equivalent future time. Should a child be removed by parent or sponsor; dismissed from camp for disciplinary reasons, or for actions/behaviors incompatible with group living, no refund is made nor equivalent time given. I am aware that the photographic likeness of my child/ward may be reproduced in the camp's promotional materials, without financial compensation. I have read and agree to the above.

Signed (Parent or legal guardian only): **X** _____

Relationship to camper: _____ Date: _____