Bousquet's 2011 Summer Day Camp
Registration Form

One form per camper

Camper's Name: _____ Age: _____

Birth Date: _____ Gender: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ Daytime Phone: _____

Emergency Contact Person and #: _____

Person(s) authorized to pick up camper: _____

Camper's Physician: _____ Phone #: _____

Health concerns or allergies: _____

Parent/Guardian signature: _____ Date: _____

WEEKLY RATE $145.00 – DAILY RATE $40.00
Ages 6 – 14 years old.

_____ July 5-8

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ Aug 1-5

_____ Aug 8-12

_____ Aug 15-19

Daily Rate Rate $40.00 (please check week and days) ___ Mon ___ Tue ___Wed ___Thu ___Fri

Before and After Camp care is available: 8:00-9:00 am $20.00/week _____
2:00-4:00 pm $30.00/week _____

To reserve a preferred session a $25.00, non-refundable deposit is required.
<u>Payment balance due 1 week before session begins</u>.
Call 413-442-8316 to register

We accept: Cash, Money Orders, Visa, Master Card, American Express, Discover
WE DO NOT ACCEPT PERSONAL CHECKS.

Visa _____ Master Card _____ American Express _____ Discover _____

Name on Card: _____

Card #: _____ 3 Digit Code _____ Exp. Date: _____

Card Holder Signature: _____

Please send completed form and deposit to: Bousquet's Summer Camp
101 Dan Fox Dr.
Pittsfield, MA 01201
413-442-8316

Questions or applications can be sent to summercamp@bousquets.com
A current health form, available from your pediatrician, is due on or before the first day of camp