Day Camp Registration Form

Camper 1 First Name: **Camper 1 Last Name:**

Grade Next Fall: Select (as of 2018-2019 school year) **Gender:** Select

Camper T-shirt Size: Select **Enroll in the following weeks:** ◯ 6/25-6/29 ◯ 7/2-7/6 ◯ 7/9-7/13 ◯ 7/16-7/20 ◯ 7/23-7/27 ◯ 7/30-8/3 ◯ 8/6-8/10 ◯ 8/13-8/17

Briefly describe your child's personality (i.e. shy, outgoing, etc.) and any specific personal information we should know about your child.

Friend Request: ◯ YES ◯ NO (If YES, please list the friend's name. Campers must be in the same age range and program)

Camper 2 First Name: **Camper 2 Last Name:**

Grade Next Fall: Select (as of 2018-2019 school year) **Gender:** Male

Camper T-shirt Size: Select **Enroll in the following weeks:** ◯ 6/25-6/29 ◯ 7/2-7/6 ◯ 7/9-7/13 ◯ 7/16-7/20 ◯ 7/23-7/27 ◯ 7/30-8/3 ◯ 8/6-8/10 ◯ 8/13-8/17

Briefly describe your child's personality (i.e. shy, outgoing, etc.) and any specific personal information we should know about your child.

Friend Request: ◯ YES ◯ NO (If YES, please list the friend's name. Campers must be in the same age range and program)

Camper 3 First Name: **Camper 3 Last Name:**

Grade Next Fall: Select (as of 2018-2019 school year) **Gender:** Male

Camper T-shirt Size: Select **Enroll in the following weeks:** ◯ 6/25-6/29 ◯ 7/2-7/6 ◯ 7/9-7/13 ◯ 7/16-7/20 ◯ 7/23-7/27 ◯ 7/30-8/3 ◯ 8/6-8/10 ◯ 8/13-8/17

Briefly describe your child's personality (i.e. shy, outgoing, etc.) and any specific personal information we should know about your child.

Friend Request: ◯ YES ◯ NO (If YES, please list the friend's name. Campers must be in the same age range and program)

Address:

City: **State:** Select **Zip Code:**

Primary Parent/Guardian 1 Information

Salutation: Select **First Name:** **Last Name:**

e-mail: **Cell Phone:**
(Format xxx-xxx-xxxx) – US Telephone Numbers Only

Alt./Home Phone:
(Format xxx-xxx-xxxx) – US Telephone Numbers Only

Primary Parent/Guardian 2 Information

Salutation: Select First Name: Last Name:

e-mail: Cell Phone:
(Format xxx-xxx-xxxx) – US Telephone Numbers Only

Alt./Home Phone:
(Format xxx-xxx-xxxx) – US Telephone Numbers Only

Emergency Contact Name (other than listed above):

Emergency Contact Relationship: Select

Emergency Contact Primary Phone Number:
(Format xxx-xxx-xxxx) – US Telephone Numbers Only

How did you hear about us?: Select

Please provide specifics:

Please fill out your registration form and email it to: summer@berkshireschool.org

I would like to pay a deposit by check and receive information about a payment plan: ☐ YES ☐ NO

Please make your DEPOSIT check of $300.00 payable to: Berkshire School
Please drop off deposit checks in the Summer Programs Office or mail to: Berkshire School Day Camp
245 N. Undermountain Road
Sheffield, MA 01257
Attn: Chris Landosky