



Summer Camp Session Sign-Up Form

Submit by email to: registration@foundationfordreams.org

Foundation for Dreams – Dream Oaks Camp
 16110 Dream Oaks Place, Bradenton, FL 34212
 Phone: 941-746-5659 - Fax: 941-745-1409

YOUR CHILD WILL NOT BE REGISTERED UNLESS ALL FORMS ARE FILLED OUT COMPLETELY.
 Your child will not be able to attend camp without an annual up to date physical on file.

CAMPER INFORMATION			
How did you hear about us? _____		<input type="checkbox"/> Returning Camper	<input type="checkbox"/> New Camper
Camper Name: _____	Sex: _____	Height: _____	Weight: _____
Date of Birth: _____	Age: _____	Disability/Primary Diagnosis: _____	
Address: _____			
City: _____	State: _____	Zip: _____ ++ _____	County: _____
Parent/Guardian: _____		Email: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Recent illness, injury, or behavioral change: _____			

2019 SUMMER CAMP SESSIONS	
Summer Weekly Residential Camp Drop off: Monday at 8:30AM Pick up Friday at 2:00PM \$650.00/Session (\$50 portion is non-refundable)	Summer Day Camp Runs Monday – Friday Daily drop off is 8:00AM – Daily Pick up is: 6:00PM \$400.00/Session (\$50 portion is non-refundable)
<input type="checkbox"/> OVERNIGHT Session 1: June 17-21, 2019	<input type="checkbox"/> DAY Camp Session 1: June 17-21, 2019
<input type="checkbox"/> OVERNIGHT Session 2: June 24-28, 2019	<input type="checkbox"/> DAY Camp Session 2: June 24-28, 2019
<input type="checkbox"/> OVERNIGHT Session 3: July 1-5, 2019	<input type="checkbox"/> DAY Camp Session 3: July 1-5, 2019
<input type="checkbox"/> OVERNIGHT Session 4: July 8-12, 2019	<input type="checkbox"/> DAY Camp Session 4: July 8-12, 2019
<input type="checkbox"/> OVERNIGHT Session 5: July 15-19, 2019	<input type="checkbox"/> DAY Camp Session 5: July 15-19, 2019
<input type="checkbox"/> OVERNIGHT Session 6: July 22-26, 2019	<input type="checkbox"/> DAY Camp Session 6: July 22-26, 2019
<input type="checkbox"/> OVERNIGHT Session 7: July 29 – Aug. 2, 2019	<input type="checkbox"/> DAY Camp Session 7: July 29 – Aug. 2, 2019
NO overnight camp available Aug. 5-9, 2019	<input type="checkbox"/> DAY Camp Session 8: Aug. 5-9, 2019
TOTAL NUMBER OF SESSIONS: _____ x (cost of each session) = _____ (Total Due)	

BILLING AND PAYMENT	
(Check the desired payment option below. Pay by credit card below or make check payable to: Foundation for Dreams)	
<input type="checkbox"/> Payment Option 1 – FULL PAY <input type="checkbox"/> I have included full payment of each camp session. A \$50.00 portion is non-refundable.	
<input type="checkbox"/> Payment Option 2 – PARTIAL PAY <input type="checkbox"/> I have included a \$50.00 non-refundable payment to be applied to the total cost of each camp session. <input type="checkbox"/> The balance remaining will be paid in full prior to the start of camp.	
<input type="checkbox"/> Payment Option 3 – SCHOLARSHIP/FINANCIAL ASSISTANCE NEEDED <input type="checkbox"/> I have a low income or financial hardship and have submitted the attached Scholarship Application Form. <input type="checkbox"/> I have included payment of the non-refundable \$50.00 for each camp session. (Still applies for scholarships.) <input type="checkbox"/> I have submitted the most recent proof of income for my HOUSEHOLD .	
<input type="checkbox"/> Payment Option 4 – OUTSIDE FUNDING TO PAY <input type="checkbox"/> I will be receiving funding through an outside source to pay. I understand I am responsible for payment for any agency subsidies which are not forth coming. (You MUST provide contact information below.)	
Agency: _____	Agency Contact Person: _____
Agency Phone: _____	Contact Email: _____
Agency Address: _____	

CREDIT CARD PAYMENT	
Name on Card: _____	TOTAL TO BE PAID: _____
Billing Address for Card: _____	Zip Code (required): _____
Card Number (write clearly): _____	Card Expiration Date: _____

PLEASE READ AND SIGN: I acknowledge that acceptance into a desired camp session(s) is not guaranteed and is contingent upon space availability. Signature: _____ Date: _____