



## 2020 Summer Camp Session Sign-Up Form

Foundation for Dreams - 16110 Dream Oaks Place, Bradenton, FL 34212

Phone: 941-746-5659 - Fax: 941-745-1409

**Submit via email to: [registration@foundationfordreams.org](mailto:registration@foundationfordreams.org) or fax at 941-745-1409**

**YOUR CHILD WILL NOT BE REGISTERED UNTIL A \$50 NON-REFUNDABLE FEE IS PAID**

An annual up to date physical **MUST** be turned in 2 weeks prior to camp..

### CAMPER INFORMATION

How did you hear about us? \_\_\_\_\_  Returning Camper  New Camper

Camper Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disability/Primary Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Recent illness, injury, or behavioral change: \_\_\_\_\_

<b>Summer Residential Camp</b> Drop off: Monday at 8:30 AM Pick up Friday at 2:00 PM \$650.00/Session (\$50 portion is non-refundable)	<b>Summer Day Camp</b> Monday – Friday Daily drop off is 8:00 AM – Daily Pick up is 6:00 PM \$400.00/Session (\$50 portion is non-refundable)
<input type="checkbox"/> OVERNIGHT Session 1: June 15-19, 2020	<input type="checkbox"/> DAY Camp Session 1: June 15-19, 2020
<input type="checkbox"/> OVERNIGHT Session 2: June 22-26, 2020	<input type="checkbox"/> DAY Camp Session 2: June 22-26, 2020
<input type="checkbox"/> OVERNIGHT Session 3: June 29 – July 3, 2020	<input type="checkbox"/> DAY Camp Session 3: June 29 – July 3, 2020
<input type="checkbox"/> OVERNIGHT Session 4: July 6-10, 2020	<input type="checkbox"/> DAY Camp Session 4: July 6-10, 2020
<input type="checkbox"/> OVERNIGHT Session 5: July 13-17, 2020	<input type="checkbox"/> DAY Camp Session 5: July 13-17, 2020
<input type="checkbox"/> OVERNIGHT Session 6: July 20-24, 2020	<input type="checkbox"/> DAY Camp Session 6: July 20-24, 2020
<input type="checkbox"/> OVERNIGHT Session 7: July 27-31, 2020	<input type="checkbox"/> DAY Camp Session 7: July 27-31, 2020

### BILLING AND PAYMENT

Check the desired payment option below. Pay by credit card below or make check payable to **Foundation for Dreams**

- Payment Option 1 – FULL PAY**  
I have included full payment of \$250.00 per camp session. A \$50.00 portion is non-refundable.
- Payment Option 2 – PARTIAL PAY**  
I have included a \$50.00 non-refundable payment to be applied to the total cost of each camp session. The balance remaining will be paid in full prior to the start of camp.
- Payment Option 3 – SCHOLARSHIP/FINANCIAL ASSISTANCE NEEDED**  
I have a low income or financial hardship and have submitted the attached Scholarship Application Form.  
I have included payment of the non-refundable \$50.00 for each camp session.  
I have submitted the most recent proof of income for my **HOUSEHOLD**.
- |   |   |
|---|---|
| <input type="checkbox"/> <b>Payment Option 4 – OUTSIDE FUNDING</b><br>I will be receiving funding through an outside source to pay<br>I understand I am responsible for payment for any agency<br>funding which is not obtained.<br>(You <b>MUST</b> provide contact information) | Agency: _____<br>Agency Contact Person: _____<br>Agency Phone: _____<br>Contact Email: _____<br>Agency Address: _____ |
|---|---|

### CREDIT CARD PAYMENT

Name on Card: _____	Total To Be Paid: _____
Street Number: _____	Zip Code (required): _____
Card Number: _____	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: \_\_\_\_\_