



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 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: _____

Summer Residential Camp Drop off: Monday at 8:30 AM Pick up Friday at 2:00 PM \$650.00/Session (\$50 portion is non-refundable)	Summer Day Camp 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 \$650/\$400 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"/> Payment Option 4 – OUTSIDE FUNDING I will be receiving funding through an outside source to pay I understand I am responsible for payment for any agency funding which is not obtained. (You MUST provide contact information)	Agency: _____ Agency Contact Person: _____ Agency Phone: _____ Contact Email: _____ Agency Address: _____
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CREDIT CARD PAYMENT- We do not store credit card information

Name on Card: _____	Total To Be Paid: _____
Street Number _____ Zip Code _____	Card Expiration Date: _____
Card Number _____	

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: _____