Camp Big Adventure & Morse Community School
Pre-Application Form Summer 2014

Camper's Name: _____
Camper's Birthday Month: ___ Day: ___ Year: ____ Age: ___ Gender: Male or Female
Address: _____
City: _____ Zip Code: _____
Parents or Guardian names: _____
Email Address: _____

Name of school attending in September 2014:_____
Grade child will enter in September 2014: ___ T-Shirt Size: Sm.__ Med. __ L. __ XL__
Ethnicity (please identify my child as): _____

Home Phone Number: _____ Name: _____
Work Phone Number: _____ Name: _____
Cell Phone Number: _____ Name: _____
Emergency Number: _____ Name: _____

Are there any health issues or allergies we should know about? _____
_____

All registrations require a $50.00 per session deposit. This deposit is non-refundable after Friday, May 30. Total session camp fees are due before a camper is allowed to begin the session. We do accept vouchers during the summer. A full registration packet will be sent upon receipt of this form. We are closed on Friday, July 4 in observance of Independence Day.

Please identify each week & time you are selecting for your child

√	Selection			
	Yes or No	Session # 1	***Monday, June 30 - Thursday, July 3***	Week # 1
	Yes or No	Session # 2	***Monday, July 7 - Friday, July 11***	Week # 2
	Yes or No	Session # 2	***Monday, July 14 - Friday, July 18***	Week # 3
	Yes or No	Session # 3	***Monday, July 21 - Friday, July 25***	Week # 4
	Yes or No	Session # 3	***Monday, July 28 - Friday, Aug. 1***	Week # 5
	Yes or No	Session # 4	***Monday, Aug. 4 - Friday, Aug. 8***	Week # 6
	Yes or No	Session # 4	***Monday, Aug. 11 - Friday, Aug. 15***	Week # 7

Camp Times and Costs (Please Choose one)		
Selection	**Time:**	**Cost:**
Yes or No	8:00 am – 3:30 pm	$160.00 per week - regular day
Yes or No	8:00 am – 5:30 pm	$190.00 per week – extended day

Please Make Checks or Money Orders Payable to **Morse Community School**
A $25.00 non-refundable registration fee is due with each pre-application

Session # 1	**Session # 2**	**Session # 3**	**Session # 4**	**Registration**	**Total**
$50.00 Deposit	**$50.00 Deposit**	**$50.00 Deposit**	**$50.00 Deposit**	**$25.00** Fee	$
Yes or No	Yes or No	Yes or No	Yes or No	**Required**	

For Office Use Only – Please Do Not Write In This Area			
Check #:	Amount:	Date:	Balance Due:
Check #:	Amount:	Date:	Balance Due:
Check #:	Amount:	Date:	Balance Due: