

FITZGERALD SUMMER CAMP
Fitzgerald Community School
70 Rindge Ave - Cambridge, MA 02140
2018 SUMMER REGISTRATION FORM

Child's Name First: _____ Last: _____

Current School _____ Current Grade _____ Male _____ Female _____

Home Address _____ Zip Code _____ Date of Birth _____

Childs Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other

Does child have any allergies or health concerns? _____

Does child have an IEP (Individual Education Plan) Yes _____ No _____

T- Shirt Size: XS _____ SM _____ MED _____ LG _____ XLG _____

Parent / Guardian 1 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Parent / Guardian 2 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

I would like to register for the following sessions:

Session 1: July 2 – July 13	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) (No Camp July 4)
Session 2: July 16 – July 27	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530)
Session 3: July 30 – Aug 10	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530)
Session 4: Aug 13 – Aug 17	8:00 – 5:30 (\$225) _____	8:00 – 5:30 (\$265) (1 Week Session)

OFFICE USE ONLY

Session 1 Amount Owed \$ _____

Session 3 Amount Owed \$ _____

Session 2 Amount Owed \$ _____

Session 4 Amount Owed \$ _____

Registration Fee: **\$25**

Total Tuition: _____ Deposit Paid: (\$100 per session) _____

Scholarship _____ CCCB Voucher _____

Balance Due: \$ _____