

for office use only

Date Rec'd _____ A _____ H _____ P _____ D _____ Paypal _____ PIF _____ Day 1: PP _____ Ins _____

2012 Discounts: Pre- Reg/Early Reg _____ Refer-A-Friend _____ Sibling _____

Allergies? Y or N _____ T-Shirt Size _____ Fall Grade _____ Date Complete _____

Total payment due: \$ _____



Mailing Address: P.O. Box 99 • Westborough, MA • 01581-0099

Phone: 508-439-0434 Email: info@starfuntheatercamp.com

Web: http://www.starfuntheatercamp.com

Located at: 300 Pleasant St., Framingham, MA 01701

2012 Application For Admission

Please check appropriate session or sessions:

___ Session # 1 Jun 25th to July 6th ___ Session # 2 Jul 9th to Jul 20th ___ Session # 3 Jul 23rd to Aug 3rd

About the Camper:

Camper's Name: _____
first middle last

Grade entering in September, 2012: _____ Date of Birth ___ / ___ / _____ Age on July 1, 2012: _____

School Attending: _____

About the Parents:

Parent(s) or Guardian(s) name(s): _____

Address: _____
street city state zip code

Home Phone: _____ Cell Phone _____ Work Phone _____

Email Addresses: _____

If anything comes up (an emergency), we will always make an effort to contact you first.

However, if you can not be reached, please provide additional contact information below:

Emergency Contact: _____
name/ relationship phone number

name/ relationship phone number

Medical insurance carrier and certificate number: _____

My child's t-shirt size is: _____



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Parent's Or Guardian's Agreement

Please read carefully and sign below.

A \$100.00 nonrefundable deposit is required at the time of registration. This deposit will insure a child's space in the program. There are no tuition deductions or refunds for campers who arrive late, leave early, or are dismissed from StarFun Theater Camp because of infraction of camp rules.

Balance of the tuition MUST be paid no later than May 15, 2012.

The cost for Session # 1 is \$585 (closed July 4, 2012); The cost for Session # 2 or Session # 3 is \$650 per camper per session. The following discounts apply up to a maximum discount of \$100:

Early Registration - A discount of \$25 if you register between January 1, 2012 and the Open House on March 4, 2012.

\$50 Discounts apply to the following occurrences:

Sibling Registration - if a sibling in the same family registers

Refer-a-Friend - If you refer a friend who has never before attended StarFun Theater Camp, and they register.

The 2012 Discounts, up to a maximum of \$100 per Camper per session, will be deducted from the total, if applicable.

All three sessions will run Monday through Friday (We will be closed on Wednesday, July 4, 2012) from 9 am to 3 pm.

StarFun Theater Camp is not responsible or liable for any personal possessions, clothing or valuables left by the child at camp.

The StarFun Health Forms, along with a completed and signed Physician's Physical form, dated within one year prior to the start of camp, are required along with this dated and signed application. Physician's Physical form exemptions, along with the appropriate legal signed documentation, are made on an "as requested" basis. We request all forms and the full remainder of tuition due NO LATER THAN May 15, 2012.

I agree with the above conditions for my child, _____ to participate in StarFun Theater Camp.

Child's Name: _____

Parent's Name (printed): _____

Parent's Signature: _____

Tuition deposit check made payable to StarFun Theater Camp must accompany this application, or the deposit can be paid with your credit card on our website at www.starfuntheatercamp.com prior to your child's registration being accepted.

**Send all applications (and deposit of \$100 if paying by check) to:
Roz Martin/StarFun Theater Camp Administrator
P.O. Box 99 Westborough, MA 01581-0099**



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Permission For Pictures And Video Taping

Please read carefully and sign below.

By signing this form, I give permission for pictures to be taken of my child at camp to be used in promotional or marketing literature, articles, Web site or videos associated with The StarFun Theater Camp.

For your information, your child's name will not appear on the website.

Child's Name: _____

Parent's Name (printed): _____

Parent's Signature: _____

How did you hear about StarFun Theater Camp?
(Please circle the appropriate answer)

Former Camper

School

Flyer

Friend

Ad

Other

Please help us by giving more details: _____



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Health Examination Form

PLEASE FILL OUT SECTIONS A,B AND D COMPLETELY. YOU MAY USE YOUR PHYSICIAN'S MEDICAL FORM IN LIEU OF SECTION C AND BE SURE TO SIGN AUTHORIZATION SECTION.

A. This form must be completed and signed (not just stamped) by a parent or guardian (page one) and a physician (page two) and must be sent to the PO Box by June 1st. This is mandatory for your child's protection. No hand-carried forms will be accepted on Opening Day.

Camper Name _____ Sex ___ M ___ F Birthdate _____

Session (circle) 1 2 3 Medical Insurance Carrier and Certificate # _____

Parent / Guardians Name _____ Home Phone (_____) _____

Address _____ Work Phone (_____) _____

Parent / Guardian's Name _____ Home Phone (_____) _____

Address(if different) _____ Work Phone (_____) _____

In Emergency (if parents are unavailable)

Name/Relationship to camper _____ Phone (_____) _____

Name/Relationship to camper _____ Phone (_____) _____

B. HEALTH HISTORY: Please check one. If you answer "yes", to any question, please explain and give dates. Attach additional sheet if necessary.

Allergies	yes__ no__ _____	Operations	yes__ no__ _____
Asthma	yes__ no__ _____	Fractures	yes__ no__ _____
Frequent colds	yes__ no__ _____	Polio myelitis	yes__ no__ _____
Ear infections	yes__ no__ _____	Rheumatic fever	yes__ no__ _____
Stomach upsets	yes__ no__ _____	Mononucleosis	yes__ no__ _____
Diarrhea	yes__ no__ _____	Hay fever	yes__ no__ _____
Kidney problems	yes__ no__ _____	Sinusitis	yes__ no__ _____
Heart problems	yes__ no__ _____	Bronchitis	yes__ no__ _____
Fainting	yes__ no__ _____	Convulsions	yes__ no__ _____
Diabetes	yes__ no__ _____	Tuberculosis	yes__ no__ _____

PARENT'S AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above.

Parent's Signature _____ Date _____



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Health Examination Form (page 2)

Please check one of the following:

___ C - 1. See the Physician's Physical Form, attached. If not attached, I promise to send it by _____.

___ C - 2. Our child does not receive immunizations, and the appropriate legal paperwork is included and signed.

___ C - 3. Here is my child's Immunization History below, with all appropriate signatures and Physician Information provided.

C. IMMUNIZATION HISTORY: This is a record of dates of basic immunizations and most recent booster doses.

DPT Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
Measles Vaccine (live) _____		Tuberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____
Smallpox _____		Other _____
Other _____		

MEDICAL EXAMINATION: To be completely filled out by a licensed physician, not stamped. This examination should be performed within one year of camp's beginning. If you wish, you may attach your physician's form.

Height _____ Weight _____ BP _____ Hgb. Test _____

Urinalysis _____ Eyes _____ Glasses _____ Lungs _____

Allergies (please specify) _____

Ears _____ Nose _____ Throat _____ Hernia _____

Posture (spine) _____ Teeth _____ Skin _____ Heart _____

General Appraisal _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP:

Special Diet (as required by physician) _____

Special Medicine (if yes, must have doctor's orders with it) yes ___ no ___

Name of Medicine _____ Is parent sending it? _____

Strenuous activity _____ Orthopedic restrictions _____

Other _____

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Examining physician's signature (Please do not stamp.) MD

Telephone() _____ Address _____

Date _____



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Health Examination Form (page 3)

D. PERSONAL HISTORY:

Does your child have any siblings? _____ If yes, where is your child's place within the siblings?

Does your child have an IEP during the school year? yes__ no__

How would you describe your child socially? _____

Has your child had a previous camp experience? ___ Day Camp ___ Specialty Camp ___ Overnight Camp

Camp Name: _____

If yes, please tell about this experience.
