

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

Discounts: Pre-Reg Early Pay RAF Sib Multi CF Other _____

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

Total payment due: \$ _____



Mailing Address: 5 Hanna Road Framingham, MA 01701 | 774-356-3080 | info@starfuntheatercamp.com | www.starfuntheatercamp.com
Located at: 300 Pleasant St., Framingham, MA 01701

2021 Camper Application for Admission

Please place an X in the appropriate session or sessions (Please note camp is closed on July 3rd. during session #1)

#1: June 27 to July 8

#2: July 11 to July 22

#3: July 25 to August 5

About the Camper

Camper's Name

Date of Birth

Age on July 1

Grade Entering in September

School Attending

Attending Pre-Teen/Teen Showcase in
Session #1

Yes

No

T-Shirt Size (Please check the appropriate box)

Y-S = 6-8

Y-M = 10-12

Y-L = 14-16

Y-XL = 18 - 20

A-S

A-M

A-L

A-XL

About the Parents

Parent(s) or Guardian(s) Name(s)

During Camp, Camper lives with

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Best Number(s) to Reach You Quickly

Email Addresses

Emergency Contact Information 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

Name Relationship Best Phone Number(s)

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Medical Insurance Carrier and Certificate Number



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Parent's Or Guardian's Agreement

Please read carefully, then SIGN and Date the bottom of page 3 that follows

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 31

The fee for Session # 1 is \$700 (closed on July 4th).

The fee for Sessions # 2 ,and 3 is \$750, per camper/per session

The following Discounts apply up to a maximum discount of \$100 per Camper/per Session:

Sibling discounts and Refer-a-Family Discounts are in addition to this amount.

\$50 Discounts:

Pre-Register: From mid-September through December 31 - Simply email us at "info@starfuntheatercamp.com" and let us know that you plan to send your Camper to StarFun.

You can let us know which Session(s) interest you when you know.

Early Pay: if you register with your \$100 non-refundable Deposit and completed Application between January 1 and March 1.

Camp Fair: This year's Camp Fair, at the Lincoln-Sudbury Regional High School, is on Sunday, January 30th, 2022. Register your Camper(s) there with a \$100 non-refundable deposit each, along with the completed application, and you'll receive a \$50 discount per Camper/ per Session..

Multi-Session: Register your Camper(s) for more than one Session, and receive a \$50 Discount per child, per additional Session.

Above and Beyond the total \$100 Discount allotted per Camper:

Sibling Registration: \$50 Discount per additional sibling Camper/ per Session

Refer-a-Family: \$50 Discount when you refer "NEW" Family to StarFun Theater Camp, and they register their Camper with a \$100 non-refundable deposit.

All of our sessions will run Monday through Friday, from 9 am to 3 pm. (Closed on July 4th)

Aftercare from 3-5 pm, may be available for an extra charge

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 June 1st**

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:

Eric and Margie Pell
StarFun Theater Camp
5 Hanna Road
Framingham, MA 01701



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Health Examination Form

Please include the Camper's most recently updated Physician's Physical form, including all immunizations records.

(This form must be completed within 1 year prior to the start of your Camper's first day of StarFun Theater Camp. It may be sent via email to "info@starfuntheatercamp.com" OR mailed to us at StarFun Theater Camp 5 Hanna Road Framingham, MA 01701)

****Fill out Sections A + B, Read Section C, and then SIGN the Authorization Section Below****

Camper's Name:

Date of Birth:

Male

Female

A. A Brief Medical Check List

Allergies: Yes No

If Yes, What is the Allergy that could affect your child while at Camp?

Any prior diseases that might affect your child's camp activities?

What medication, if any, is your child taking while at Camp?

Are you leaving medication with the Health Care Supervisor (with appropriate note from your family physician?) (Example: Epi-Pen)?

B. Health Exam Form

Please check one of the following:

See the Physician's Physical Form, attached. If not attached, I will send it by _____.

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

C. Permission for Photos and Videos:

By signing this form, in addition to verifying the Health Information above, I give permission for photos **to be taken** of my child(ren) while at StarFun Theater Camp. I understand that these photos may be used **without my child's name, for** related promotional/marketing literature, articles, websites videos **or on our Facebook page**.

PARENT'S OR GUARDIAN'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/Guardian's Signature _____ Date _____



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D PERSONAL HISTORY:

Does your child have any siblings? Yes No If yes, where is your child's place within the siblings? _____

Does your **child** have an **IEP** during the school year **for emotional or social needs**? Yes No

If yes, How can we, at StarFun Theater Camp, accommodate your child to ensure an optimal experience?

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.

How did you hear about StarFun Theater Camp?

- Former Camper
- School
- Flyer
- Friend
- Ad
- Other

Comments:

See you this summer!