



**SUMMER DISCOVER CAMP 2018**  
**CORE Career Exploration & Sports Camp**  
 (going into 5th, 6th, 7th, 8th grade) Registration Form

PLEASE FILL OUT BOTH SIDES OF THIS FORM. PLEASE PRINT

**\*\*Due to the heavy volume of applications, please allow three weeks for the processing of applications and response acknowledgement from camp.\*\***

**\*\* Registration begins on Tuesday, January 2, 2018 \*\***

*All registrations are processed in the order they are received. Incomplete packets will delay your child's registration*

*Please choose session*

**Session 1 -- July 2, 2018 -- July 13, 2018**

9 days (no camp July 4th) 8:30 am to 3:30 pm

**Session 2 -- July 16, 2018 -- July 27, 2018**

10 days -- 8:30 am to 3:00 pm

Are you interested in extended day?

Would you like to be added to a carpool list?

**CAMPER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

M  F  Birthdate: \_\_\_\_\_ Grade (current): \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT/GUARDIAN NAME #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

**PARENT/GUARDIAN NAME #2:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

**EMERGENCY CONTACT NAME:** *(other than parent, must be over 18)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please answer the following questions:**

Does your child have food or environmental allergies:  YES  NO

If YES, please explain: \_\_\_\_\_

Are there any limitations to the activities in which your child can participate:  YES  NO

If YES, please explain: \_\_\_\_\_

Does your child require any other additional accommodations in order to participate in all the activities of an educational and recreational program?  YES  NO

If YES, please explain: \_\_\_\_\_

Please place a 1, 2, 3 and 4, for each session, next to the careers that most interest you. Assignments will be made based on availability. \*Studio is not a career choice, it is an option for those campers who don't want to participate in sports & rec in the afternoon\*

	Session 1	Session 2		Session 1	Session 2		Session 1	Session 2
Automotive	_____	_____	Electrical	_____	_____	Robotics	_____	_____
Baking	_____	_____	Graphic Arts	_____	_____	Sports & Rec	_____	_____
Commercial Art	_____	_____	Horticulture	_____	_____	Studio*	_____	_____
Cosmetology	_____	_____	Metals	_____	_____	Video Production	_____	_____
Culinary Arts	_____	_____	Pastry Making	_____	_____	Web Design	_____	_____
Digital Photography	_____	_____	Pipe Design	_____	_____	Woodworking	_____	_____

**If your child is interested in being in the same career as a friend, please list who they want to be with. Both children must request one another and their applications need to be submitted together. Every effort is made to accommodate your request, but this cannot be guaranteed.**

1. \_\_\_\_\_

2. \_\_\_\_\_

***All career changes MUST be made PRIOR to the start of each session. Changes cannot be made on the 1st day of the session. We reserve the right to cancel career areas if minimum enrollment is not made.***

**Parent/Guardian permission form for all activities**

I hereby give my permission for my child to participate in all activities of Summer Discover Camp. I understand and accept that neither Summer Discover nor anyone with Keefe Technical School will be held liable for accidents resulting in medical or dental expenses incurred as a result of program activities. In the event of injury or illness, the camp has my permission to provide immediate medical care as may be required. Medical information may be disclosed to camp staffers on an as needed basis, when it is in the best interest of my child.

Campers are responsible for property damage and may be sent home without a refund for violation of program rules.

I intend this statement to take effect as a sealed instrument.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Children with severe food allergies may be restricted from participating in any of our cooking programs  
Children with post injury and medically approved casts must submit a doctors note clearing them for camp activities*

***\$595 per session -- Payment in FULL is required at registration***

We accept Mastercard, Visa, Discover or check. Make checks payable to: Summer Discover Camp.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please return all paperwork (*application, release forms & physical*) with payment in full to:

***Summer Discover at Keefe Tech, 750 Winter Street, Framingham, MA 01702  
Fax: 508-620-8968 • Email: summerdiscover@jpkeefhs.org***