

MIT Summer Day Camp 2008 Application

DAPER, 120 Vassar Street W35-297, Cambridge, MA 02139
or Interdepartmental Mail: W35-297S • (617) 253-2913

Camper Information

Last Name _____ First Name _____
Street Address _____ City _____ State _____ Zip _____
Gender _____ Age _____ DOB _____ Home Phone _____

Camper must be born between 6/1/1995 and 6/16/2002

Parent or Guardian Information

First Contact _____ Second Contact _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Emergency Contact (if not one of the above)

Name _____ Phone _____ Relationship to Child _____

Further comments concerning your child, including requests to be grouped with **ONE** other camper of the same age range (**although we cannot guarantee these requests**): _____

We occasionally make our email list available to other MIT departments whose programs may be of interest to you. If you would prefer **NOT** to receive such mailings, please check here: []

Do you give MIT Summer Day Camp permission to use your camper's photo in the camp brochure and other advertisement items ____YES ____NO?

Please register my child for the following sessions:	Early Arrival	Late Stay	\$595/session (session 2, 3, 4)
			\$495/session with DAPER Annual Membership
			\$225/session (session 1A, 1B)
			\$100 processing/reservation fee (applied towards tuition) due with application for EACH session. Balance of tuition due May 15, 2008. See page 2 for payment options.
			For this application to be considered, you must include a completed Health Form* , and, if necessary, the MIT Medication/Prescription Form .
Session 1A ____ June 16 - June 20	____ \$50	____ \$75	
Session 1B ____ June 23 - June 27	____ \$50	____ \$75	
Session 2 ____ June 30 - July 11	____ \$100	____ \$150	
Session 3 ____ July 14 - July 25	____ \$100	____ \$150	
Session 4 ____ July 28- August 8	____ \$100	____ \$150	

*No Camp on July 4, 2008

* Each application and processing/reservation fee **MUST** be accompanied by a Health Form with physician's signature, or application will not be processed. A copy of the most recent physical examination completed within the past two years and showing up-to-date immunizations is required. Copies faxed from the physician's office to MIT will **NOT** be accepted.

PLEASE NOTE: The Director reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct. Parents may request, in writing, a copy of the health care and discipline policies.

EMERGENCY CARE: In case of emergency if parent or guardian cannot be reached, I hereby grant permission to MIT Medical Department or the local Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.

Signature of Parent/Guardian _____ Date _____

Please return this application along with the \$100 processing/reservation fee (applied towards tuition) for **each** session for which you have applied. This fee is refundable if written notification of your decision not to attend the MIT Summer Day Camp is received by March 20, 2008. **After this date, the fee is neither refundable nor applicable to any other camper or session.** Tuition balance is due no later than May 15, 2008, to ensure enrollment in the session(s) in which you have applied and **is not refundable if the camper chooses not to or is not able to attend the session.**

This camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and be licensed by the Cambridge Board of Health.

MIT Summer Day Camp 2008 Application Payment Options

A \$100 reservation fee (applied towards tuition) for **EACH** session is required at this time. Full payment will also be accepted.

For your convenience, you may pay by credit card or check.

You will receive a statement 14 days after submitting your completed forms. This statement will confirm your admission to camp, the balance due, and instructions on how to make additional credit card payments online. We hope you will find this a convenient method of payment. Checks will also be accepted.

Method of Payment: Check or credit card.

Please go to the following link to make credit card payment

<http://web.mit.edu/daycamp/daycamp-payment-1.html>

If you are paying by credit card, please include the receipt number.

Credit Card Payment Receipt Number _____

DAPER annual Member? Yes No **Membership Number** _____

For this application to be considered, you must include a completed Health Form, and if your camper requires daily medication please include the MIT Medication/Prescription Form.

Mailing Address:

MIT Summer Day Camp
DAPER
120 Vassar Street W35-297
Cambridge, MA 02139