

FLETCHER MAYNARD ACADEMY
COMMUNITY SCHOOL
&
NEIGHBORHOOD COUNCIL

APRIL VACATION
CAMP



Dates: April 17, 2007 ~ April 20, 2007

Cost: \$80.00 for the 4-day camp or \$20.00 per day.

(Sibling rate is 1st child full price, 2nd child ½ price)

~Kids should bring lunch Each Day~

~AM and PM Snacks are provided~

Time: 8:30 AM~ 5:30 PM

Location: Fletcher Maynard Academy School

Registration Deadline:

April 5, 2007

Payment must be made in full in order to reserve your spot.

For questions or concerns please contact **Program Director**, Hyzenthalay Shiver.

617.349.6295/ hshiver@cambridgema.gov

The City of Cambridge, Fletcher Maynard Academy Neighborhood Council, does not discriminate in providing services on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status, or disability. The Department of Human Services will provide auxiliary aids, and services, written materials, in alternative formats, and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request.

For more information call 617-349-6200(voice) or 617-492-0235(TTY).

**Fletcher Maynard Academy Community School
Program**

April Vacation Camp Registration Form

617.349.6295

Student Information Sheet (Please use a separate sheet for each child)

Name: _____ Male: ___ Female: ___

Address: _____

Phone Number: _____

Allergies: _____

My Child will attend February Vacation Camp on
Tuesday ___ Wednesday ___ Thursday ___ Friday ___ (please check all that apply)

Parent/ Guardian Information

Parent/ Guardian Name: _____

Home Phone Number: _____ Work or Cell: _____

Best Number: _____

Parent/ Guardian Name: _____

Home Phone Number: _____ Work or Cell: _____

Best Number: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone Number: _____ Work or Cell: _____

Best Number: _____

Name: _____ Relationship: _____

Home Phone Number: _____ Work or Cell: _____

Best Number: _____

My child has permission to walk home from the camp at 5:30 or at a given time.

Parent/Guardian Signature: _____ **Date:** ___/___/07

I understand that Camp fees must be paid in full before my child can register.

Parent/Guardian Signature: _____ **Date:** ___/___/07

Release and Signature

I give permission for my child to participate in the Fletcher Maynard Academy Community School
Vacation Camp and all program activities including outings. If my child should require medical attention, I
give permission for such treatment, including transportation to the nearest hospital in an emergency.

Parent/Guardian Signature: _____ Date: ___/___/07