



APPLICATION FOR DELPHI ACADEMY™ SUMMER CAMP 2018

564 Blue Hill Ave. Milton, MA 02186 P: (617) 333-9610, F: (617) 333-9613

E-mail: info@delphiboston.org, or visit www.delphiboston.org

Name of Applicant _____ Nickname _____

Date of Birth ____/____/____ Age _____

Grade child will be entering in September _____ What School? _____

Has applicant ever attended Delphi Academy or Summer Camp? () Yes, in 20__ () No

How did you hear about Delphi Summer Camp? _____

Check one enrollment option: ____ 4 weeks ____ 5 weeks ____ 6 weeks ____ 7 weeks

FAMILY INFORMATION

Father

Mother

_____ Name _____

_____ Home Address _____

_____ ZIP _____

(____) _____ Home Phone (____) _____

_____ Occupation _____

_____ Employer's Name _____

_____ Work Address _____

_____ ZIP _____

(____) _____ Work Phone (____) _____

(____) _____ Cell Phone (____) _____

_____ Email Address _____

Please check all the weeks your child will be attending camp:

June 25 – June 29	_____	July 23 – July 27	_____
July 2 – July 6	_____	July 30 – Aug 3	_____
July 9 – July 13	_____	Aug 6 – Aug 10	_____
July 16 - July 20	_____		

July 4th holiday - No Camp

(please turn over)

What do you want your child to experience most at Delphi Summer Camp?

Which of your child's qualities do you respect and admire the most?

What does your child want to accomplish at Delphi Summer Camp?

If the answer to any of the following questions is "yes" please explain in full on a separate sheet of paper:

1. Has your child ever had physical, mental, emotional, academic or disciplinary difficulties? () Yes () No
2. Has he or she ever been prescribed a medical drug for hyperactivity or study difficulty? () Yes () No
3. Are there any restrictions regarding his/her physical activity? () Yes () No

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.

I understand that an application fee of \$25 along with this application form, the Enrollment Procedures Form and a deposit of \$250 are required to secure enrollment in the camp. The balance of the camp fee is due in full on or before June 1, 2018. The camp deposit and camp fees are non-refundable and non-transferable after May 1, 2018.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date



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This camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430) and be licensed by the Milton board of health. Information on these regulations can be obtained at (617) 983-6761.