



Delphi Summer Camp 2019

for your best summer ever!

Name of Applicant: _____ Date of Birth _____ Age _____

Grade entering _____ Has applicant attended Delphi Summer Camp? _____

First Parent/Guardian

Second Parent/Guardian

Name _____

Address _____

City/Zip _____

E-Mail _____

Cell _____

Home/Work _____

Summer Weeks Desired

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

____ June 24 - June 28

____ July 1 - July 5*

____ July 8 - July 12

____ July 15 - July 19

____ July 22 - July 26

____ July 30 - Aug 2

____ Aug 5 - Aug 9

*No camp July 4th

564 Blue Hill Avenue, Milton, MA 02186 - 617-333-9610 - www.delphiboston.org



Don't forget page 2 >>

SUMMER CAMP

AT DELPHI ACADEMY OF BOSTON

Questionnaire

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

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

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

I understand that an application fee of \$25 along with this application form and a deposit of \$250 are required to secure enrollment in the camp. The balance of the camp fee is due in full by June 3rd. The camp deposit and camp fees are non-refundable and non-transferable after May 1, 2019.

Signature of Parent/Legal Guardian

Date

X _____

X _____



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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.