

Please post this completed two page enrollment form with your child's required medical records ( see below ) and tuition payment in full to our academic year off-island address: Murray Camp, 12 Edgewood Road, Newton, MA 02465

Or register your child/children and pay on line at [WWW.MURRAYCAMPNANTUCKET.COM](http://WWW.MURRAYCAMPNANTUCKET.COM).

Please note that this form is required regardless of preferred registration method.

Murray Camp of Nantucket Island, Inc.  
12 Edgewood Road, Newton, MA 02465  
Tel: 508-325-4600 \* e-mail: ackmurraycamp@gmail.com

### 2018 Enrollment Form

Camper Name: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age on 7/1/18: \_\_\_\_ years \_\_\_\_ months

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

Island Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Age Group: (Please circle): 4-6 7-9 10-14

Please circle the weeks your child will attend camp:

Week 1: 6/25 - 6/29

Week 5: 7/23 - 7/27

Week 2: 7/2 - 7/6 (tuition prorated; - \$135. for 7/4).

Week 6: 7/30 - 8/3

Week 3: 7/9 - 7/13

Week 7: 8/6 - 8/10

Week 4: 7/16 - 7/20

Week 8: 8/13 - 8/17

One Week \$675.

Five Weeks \$3375.

Two Weeks \$1350.

Six Weeks \$4050.

Three Weeks \$2025.

Seven Weeks \$4725.

Four Weeks \$2700.

Eight Weeks \$5400.

\*Guests of campers may attend with Director's pre-approval at the rate of \$150. per day. for a maximum of three days when guest spots are available. Director's approval required.

Please check \_\_\_\_\_ if you would like to schedule a conference with the camp director to address any special needs or circumstances that would provide insight to enhancing your child's experience at Camp.

#### Parent Information:

Father's Name: \_\_\_\_\_

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

Home Tel.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell. Tel.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Home Tel.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell. Tel.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

A nonrefundable registration fee of \$100. must be added to all tuition payments. This fee is solely a registration fee and not deductible from tuition. Please mail this completed form with full payment due to: Murray Camp, Inc., 12 Edgewood Rd., Newton, MA 02465 or register and pay on line at:

[www.murraycampnantucket.com](http://www.murraycampnantucket.com). If the application is not accepted, the payment will be returned in full. Upon acceptance of this application and receipt of the registration fee and tuition payment, an enrollment space will be reserved and confirmation will be e-mailed to you within three days of receiving this form and confirmation of payment in full. Once an application is accepted, tuition is not refundable for reasons including, but not limited to: incomplete attendance, dismissal and voluntary or involuntary withdrawals. Registration should be completed as soon as possible, as spaces for the 2018 season are limited. I am requesting registration of my child to attend Murray Camp, Inc. for the above dates. I agree to the above stated camp documents submission and tuition policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION ON THIS FORM**

Murray Camp of Nantucket Island, Inc.  
12 Edgewood Road, Newton, Massachusetts 02465  
Tel: 508-325-4600, e-mail: [ackmurraycamp@gmail.com](mailto:ackmurraycamp@gmail.com)  
**2018 Health Information Form**

Camper Name: \_\_\_\_\_

My child is physically able to participate in all phases of the camp program at Murray Camp.

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please explain to director: [murray.camp@rcn.com](mailto:murray.camp@rcn.com))

Please list any medication that your child presently takes:

\_\_\_\_\_

Please list any allergies including allergic reactions:

\_\_\_\_\_

Dietary modifications:

\_\_\_\_\_

Operations or serious injuries:

\_\_\_\_\_

Disabilities or chronic or recurring illness:

\_\_\_\_\_

Medical Insurance Carrier & Policy/Group #:

\_\_\_\_\_

Suggestions or health related information for camp personnel:

\_\_\_\_\_

If neither parent is reachable in an emergency, please notify:

Name: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***I understand that I must send proof of proper immunization from a physician or a health facility which according to Massachusetts law requires: An Immunization Record, which must reference immunization against:***

*Diphtheria/Tetanus*

*Poliomyelitis*

*Measles, Mumps, Rubella*

*\*Documentation of a physical exam must be current (not older than one year) for new campers and returning campers.*

*\* Due to HIPPA laws, if you request your pediatrician e-mail your child's immunization record & last physical exam report to you, you can then upload these required medical records to your child's campdoc site to the camp to e-m \* If you would prefer to upload these medical documents to our mailing address which is:*

*Murray Camp, 12 Edgewood Road, Newton, Massachusetts, 02465.*

*I hereby certify that the above named child is in good health and fully able to participate in all activities except those stated above. In the event that I cannot be reached in an emergency, I hereby give permission to the covering M.D. of Nantucket Cottage Hospital to hospitalize and/or secure treatment for my child.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian Signature**

Island Telephone: \_\_\_\_\_

Cell. Telephone numbers: \_\_\_\_\_