

# CAMP SENECA APPLICATION SUMMER 2008

**AMAZING ANIMALS**  
(for children 4-7 years old.  
Must be 4 by May 1<sup>st</sup>.)

Registration Fee \$20

\_\_\_ SESSION 1  
June 16-27  
\$375

\_\_\_ SESSION 2  
July 7-18  
\$375

\_\_\_ SESSION 3  
July 21-25  
\$190

Hours 9:00-1:30

**ART AND ADVENTURE**  
(for rising 1<sup>st</sup> – 5<sup>th</sup> graders)

Registration Fee \$20

\_\_\_ SESSION 1  
June 16-20  
\$250

\_\_\_ SESSION 2  
June 23-27  
\$250

Hours 9:30-3:30

**Total amount due**  
\$ \_\_\_\_\_

Please make checks payable to  
Seneca Academy

The Registration Fee is non-  
refundable and due with application.  
You will be billed for tuition.

**MAIL OR BRING IN TO:**

SENECA ACADEMY  
15601 Germantown Rd.  
Darnestown, MD 20874  
301 869-3728

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SEX: M F BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

Daytime phone \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

Daytime phone \_\_\_\_\_

DOCTOR'S NAME AND PHONE:  
\_\_\_\_\_

DENTIST'S NAME AND PHONE:  
\_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

In the event of an accident or sickness and the parent or guardian,  
or your physician cannot be reached, may we use our own  
Doctor/Hospital? \_\_\_ Yes \_\_\_ No

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY  
CALL:

NAME \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY  
CHILD:

NAME \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**T-Shirt size** (circle one) **Youth S M L** or **Adult S M L**

Your camper may select one friend they would like us to try to  
place with him or her at Camp Seneca.