

# Fox Hill Farms

## SUMMER CAMP REGISTRATION FORM – 2026

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Instructor: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: (H) \_\_\_\_\_  
\_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_ (W) \_\_\_\_\_

**Allergies :** \_\_\_\_\_

### **Please circle the week(s) that your child will attend:**

Week 1: June 29-July 03

Week 6: August 03-August 07

Week 2: July 06-July 10

Week 7: August 10-August 14

Week 3: July 13-July 17

Week 8: August 17-August 21

Week 4: July 20-July 24

Week 9: August 24-August 28

Week 5: July 27-July 31

**Cost: \$850.00 per week from 9:00 am to 3:00 pm**

Enclosed is a **nonrefundable** deposit of \$ \_\_\_\_\_ (half) for week(s) \_\_\_\_\_

**PAYMENT IN FULL IS DUE ON OR BEFORE THE WEEK OF CAMP BEGINS. OTHERWISE, CAMPER CAN NOT ATTEND CAMP UNTIL PAYMENT IS RECEIVED.**

Authorization and consent for medical treatment: In case of illness, or in an emergency (parent signature)

**X** \_\_\_\_\_