

**Neighbor to Neighbor CDC**  
**Camp Joy/FAB Explorers**  
 814 Clifton Avenue Sharon Hill, PA 19079  
 Office Tel. 610-461-8140 Site Tel. 610-461-8015  
[www.n2ncdc.org](http://www.n2ncdc.org)

**Registration Form**

Camper's Name: \_\_\_\_\_ Gender: M/F \_\_\_\_\_  
 Please Print

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

The cost of camp is \$130.00 per week, first child, plus \$90.00 per week for each additional child residing in the same house. A \$30.00, non-refundable registration fee is required at the time of registration for each family. CCIS is accepted. Please check below, the camp weeks your child will be attending.

Week 1	Week 2	Week 3	Week 4	Week 5
July 8-12	July 15-19	July 22-26	July 29-Aug 2	Aug 5-9

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_