

BERWICK BOYS FOUNDATION
335 West Street
West Bridgewater, MA 02379
Tel: (508) 586-0059 Fax: (508) 586-7597
<http://www.berwick.org> Email: info@berwick.org

Form should be filled out by Parent/Guardian.

Camper Information

Camper Name _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Email _____
School _____ School Location _____ Grade _____
Name of Guidance Counselor/Adjustment Counselor _____
How would you place your son in his class: lower third, middle third, or upper third? (Circle one)

Parent Information

Mother's Name or Guardian _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Mother's Occupation _____
Employer: _____ Work Phone _____
Level of Education: ___ High School ___ College ___ Graduate School: Field _____

Father's Name or Guardian _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Father's Occupation _____
Employer: _____ Work Phone _____
Level of Education: ___ High School ___ College ___ Graduate School: Field _____

Other Information

Does your son know how to swim? Yes No Can he swim a mile? Yes No
Is there any other info we need to know about your son? _____
How did you hear about Berwick? _____
Please list any relatives or friends who have attended Berwick _____

Fees for Summer Camp

Parent's contribution \$850.00

Boy's Contribution \$50.00

(While it usually costs us \$5,500 or more to send each boy to camp, we ask people to pay what they can afford with a minimum of \$900 per boy.)

Parent/Guardian Signature _____ Date _____