



5200 Old Mill Road
Fort Wayne, IN 46807
260-456-0400

Camper's Name _____ M ___ F ___ Birthdate: _____ Age at Camp: _____

Address: _____ City _____ State: _____ Zip Code _____

Parent's Contact Information:

Name _____ Phone (Cell #) _____ Work _____

Name _____ Phone (Cell #) _____ Work _____

Parents' e-mails: _____

CAMP JOE SHIRT INCLUDED!! Mark the size below:

CHILD: XS ___ S ___ M ___ L ___ ADULT: S ___ M ___ L ___ XL ___

WEEK #1: JUNE 26 -30	Camp Day: 9AM – 4PM	Cost: \$150.00/week	_____
• AM Care	_____ 26 th _____ 27 th _____ 28 th _____ 29 th _____ 30 th	\$5.00/day	_____
• PM Care	_____ 26 th _____ 27 th _____ 28 th _____ 29 th ****	\$5.00/day	_____
<i>AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays</i>			

WEEK #2: JULY 3 - 7	Camp Day: 9AM – 4PM	Cost: \$150.00/week	_____
• AM Care	_____ 3 rd _____ 4 th _____ 5 th _____ 6 th _____ 7 th	\$5.00/day	_____
• PM Care	_____ 3 rd _____ 4 th _____ 5 th _____ 6 th ****	\$5.00/day	_____
<i>AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays</i>			

WEEK #3: JULY 10 -14	Camp Day: 9AM – 4PM	Cost: \$150.00/week	_____
• AM Care	_____ 10 th _____ 11 th _____ 12 th _____ 13 th _____ 14 th	\$5.00/day	_____
• PM Care	_____ 10 th _____ 11 th _____ 12 th _____ 13 th ****	\$5.00/day	_____
<i>AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays</i>			

Sub Total: _____

OPTIONAL 5 x 7 Camp Picture (\$3.00): _____

Sibling Discount maximum per family (-\$20.00): _____

Deposit (-\$50.00): _____

EARLY Registration Discount (Register by April 1st to get 10% Discount): _____

BALANCE to be paid by June 15th: _____

Now Available – pay online – www.fwjf.org

Please Note: We want all children to have the opportunity to attend camp. Limited assistance is available.

I am interested in assistance for my child(ren): ___ Yes ___ No