

**EAST PENNSBORO TOWNSHIP  
2010 SUMMER DAY CAMP REGISTRATION FORM**

A \$20.00 registration fee is applied to all campers at time of registration. Weekly registration per child, is \$90.00 resident and \$105.00 non-resident. Payment in full is due for the first week your child attends and a \$45.00 non-refundable deposit is required to hold each additional week. **Balances are due no later than July 2, 2010.** Failure to comply with the fee payment policy will result in loss of space. If you withdraw your child, for any reason, after camp begins and before the last day of camp all registration fees are forfeited and will be ineligible for next year's program. No deductions for days off because of illness, or you choose not to send your child, and no prorated fees. *Checks are payable to East Pennsboro Township.*

**Please complete this form in its entirety.**

**Child's Name** \_\_\_\_\_  
(A separate form must be completed for each child)

Address \_\_\_\_\_

Age as of June 18, 2010 \_\_\_\_\_ Birth Date \_\_\_\_\_

My child's T-shirt size is: YS YM YL AS AM AL      Bus Transportation: Yes or No  
Stop #: \_\_\_\_\_

You may register for 5 weeks only. Please check off the week (s) you are requesting:

_____ <b>Week #1 – June 21-25</b>	_____ <b>Week #5- July 19-23</b>
_____ <b>Week #2 - June 28-July 2</b>	_____ <b>Week #6- July 26 -July 30</b>
_____ <b>Week #3 – July 6- July 9 (no camp July 5)</b>	_____ <b>Week # 7 –Aug. 2 –Aug. 6</b>
_____ <b>Week #4 - July 12-16</b>	

If you want the waiting list for the remaining 2 weeks write the week(s) numbers here: \_\_\_\_\_

**Father's Name** (or legal guardian) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Mother's Name** (or legal guardian) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**(Please complete both sides of this form)**

**Health and Emergency** - As a parent, you know that accidents do happen most often when you least expect them. This form will be made available to emergency personnel should your child need immediate emergency care. Treatment will not be given without your permission unless it is an emergency. All participants must provide their own medical insurance. **Person to be contacted in emergency if parent/guardian cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**List Allergies, Medical or Dietary information, Special Needs, Chronic problems, and Medications child is presently taking:**

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**After my child's Emergency Contact my child may only be released to the following person(s):** Under no circumstances will camp staff allow a child to be released to someone other than what is designated on this camp registration form. This policy has been created for your protection as well as your child.

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

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

**Discipline** – It is very important to the staff that the children have fun while they are with the program, but we also expect the children to be respectful of our authority and cooperate with us in every way. The staff is depending on each child's parent/guardian to impress upon their child the necessity of good behavior. Camp staff will communicate with the parent/guardian of any behavior problem. If problem persists the parent/guardian will be contacted and child will be expelled from the program immediately. No refunds will be issued.

### **DAY CAMP AGREEMENT**

I (We) understand East Pennsboro Township, the organizers, supervisors, and staff of the Day Camp Program, and the owners/providers of the facilities, assume no responsibility for accidents, injuries or losses sustained by the above child while taking part in this program, activities or trips. I (We) verify that the information provided on this form is complete and accurate, agree to abide by the rules and the fee structure for services rendered, and give consent for child to receive emergency medical care and be transported by our staff or EMS personnel in an emergency.

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Signature of Parent/Guardian

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Date