



Day Camp: REGISTRATION FORM

S U M M E R 2 0 1 9

East Pennsboro
Township
Recreation Department

98 South Enola Drive
Enola, PA 17025
(717) 732 - 0711, opt. 3
www.eastpennsboro.net

Caroline Grove
cgrove@eastpennsboro.net
(717) 943 - 2358

Skylar Cochick
scochick@eastpennsboro.net
(717) 678 - 0732

Adams-Ricci Park
100 East Penn Drive
Enola, PA 17025
Northeast Pavilion

Facebook
@EastPennsboroRecreation

WEEKLY THEMES:

Ice Breaker 1
June 10-14

Hollywood 2
June 17-21

Mad Science 3
June 24-28

Happy Holidays 4
July 1, 2, 3, & 5

Barnyard Bash 5
July 8-12

Superhero 6
July 15-19

Olympic Games 7
July 22-26

Disney 8
July 29-August 2

Wacky Week 9
August 5-9

East Pennsboro Township offers a 9-week summer Day Camp program for children who have completed Kindergarten through 8th Grade. A one-time, nonrefundable **\$20.00 Registration Fee** is needed for each child. Tuition Fees per week - **Residents: \$150.00** and **Non-Residents: \$170.00**. These fees cannot be prorated for days that your child does not attend and includes all field trip costs and a camp T-shirt. The Registration Fee, full first week's Tuition, plus 50% of each additional week is required at time of registration. **Final tuition balances are due by June 10, 2019.** Failure to comply with the payment plan will result in loss of enrollment and ineligibility for next year. A \$30 Cancellation Fee will be assessed for each registered week canceled before June 10th. After camp begins, only 50% of the Tuition Fee will be refunded. **Make checks payable to 'East Pennsboro Township'.**

PLEASE FILL THIS FORM OUT COMPLETELY:

Child's Name _____
(A separate form must be completed for each child)

Address _____

Birth Date ____/____/____ Grade Completed _____ T-shirt size: YS YM YL AS AM AL

Drop-off time (circle one): 8:00 am 8:30 am 9:00 am ***request 7:45 am*

Pick-up time (circle one): 3:30 pm 4:00 pm 4:30 pm 5:00 pm

Please check the week(s) you are requesting. (You may register for all 9 weeks)

- | | |
|---|--|
| <input type="checkbox"/> Week #1 June 10 - 14 | <input type="checkbox"/> Week #6 July 15 - 19 |
| <input type="checkbox"/> Week #2 June 17 - 21 | <input type="checkbox"/> Week #7 July 22 - 26 |
| <input type="checkbox"/> Week #3 June 24 - 28 | <input type="checkbox"/> Week #8 July 29 - Aug 2 |
| <input type="checkbox"/> Week #4 July 1, 2, 3 & 5 | <input type="checkbox"/> Week #9 August 5 - 9 |
| <input type="checkbox"/> Week #5 July 8 - 12 | <input type="checkbox"/> TOTAL |

Amount Due: \$20 + \$ _____ (# wks x \$150/\$170) = \$ _____

- **Paid in Full:** \$ _____ cash/check # _____ Date: _____
- **Payment Plan:** \$20 + \$ _____ (1st wk) + \$ _____ (50% of remaining wks)
 Amount Paid: \$ _____ cash/check # _____ Date: _____
 Due by 6/10/19: \$ _____ Date Paid: _____ cash/check # _____

Primary Contacts:

Will be contacted first in the event of changes in scheduling and pick-up/drop-off locations, emergency and/or disciplinary reasons.

Name _____ Relation to child _____

Address (if different) _____

Phone _____ cell home work Additional Number _____

E-Mail _____ Remind App **yes no**

Name _____ Relation to child _____

Address (if different) _____

Phone _____ cell home work Additional Number _____

E-Mail _____ Remind App **yes no**

Additional Contacts:

Please provide information for all persons who may be dropping off or picking up your child from camp for any reason. These persons may be contacted in the event that the Primary Contacts cannot be reached. Please inform the Recreation Department if changes need to be made to your child's contact list or if there are any kind of extenuating circumstances involving custody and the safety of your child. Attach additional contacts if necessary.

Name _____ Relation to child _____

Day-Time Phone Number _____ please circle one: **cell home work**

Name _____ Relation to child _____

Day-Time Phone Number _____ please circle one: **cell home work**

Name _____ Relation to child _____

Day-Time Phone Number _____ please circle one: **cell home work**

Health and Emergency:

Accidents can 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.

Does your child have any allergies, medical conditions or dietary restrictions? Please include any medications currently taking.

Does your child require any special attention or have additional needs? Please provide any information (good or not so good) that our counseling staff should know about your child.

Discipline:

Day Camp kids are expected to abide by all of the rules that they have followed all school-year long. Be respectful to others and cooperate with counselors. Staff depends on each parent/guardian to impress upon their child the importance of good behavior. Discipline incidents will be communicated to parent/guardian; if behavior continues, child could be expelled from the program. Refunds will only be issued for any subsequent registered weeks. (See 3 Strikes Policy in Parent Guide).

DAY CAMP AGREEMENT

I 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. I 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.

By checking this box, I consent that photographs of my child taken during the program may be used for camp related materials such as announcements, advertisements, presentations, etc.

By checking this box, I consent that my child is permitted to watch movies rated G and PG.

By checking this box, I give permission for East Pennsboro Township Day Camp staff to apply sunscreen or insect repellent for my child, if needed. I understand that I must supply sunscreen and repellent.

Signature of Parent/Guardian

Date