



Summer 2026 Rates

Full Time (4 or 5 days):
 9am-3pm: \$198
 7am-5:30pm: \$277
 Part Time (3 days):
 9am-3pm: \$158
 7am-5:30pm: \$222

Application Fee: Non-refundable \$25 *(Waived for current families)*
Enrollment Fee: Non-refundable \$50 *(Waived for current families)*

Havertown Summer Program – Application & Enrollment Form

Child's Name:		Gender:	Birth Date:
Address Where Child Resides:		City:	State: Zip:
Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify):		Primary Language Spoken at Home:	

Parent/Guardian 1 Information

Name:		Home Phone Number:	Cell Phone Number:
Home Address		City	State Zip
Email Address:		Employer/Workplace:	
Work Address:		Work Phone Number:	

Parent/Guardian 2 Information

Name:		Home Phone Number:	Cell Phone Number:
Home Address		City	State Zip
Email Address:		Employer/Workplace:	
Work Address:		Work Phone Number:	

Please check the camp session(s) needed.

Session Number	Dates of Session	Schedule				Session Number	Dates of Session	Schedule			
		Part Time 3 days a week		Full Time 4 or 5 days				Part Time 3 days a week		Full Time 4 or 5 days	
		9am-3pm Please list days	7am-5:30pm Please list days	9am-3pm	7am-5:30pm			9am-3pm Please list days	7am-5:30pm Please list days	9am-3pm	7am-5:30pm
1	6/23 – 6/26 <small>Closed 6/22</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	7/27 – 7/31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	6/29 – 7/2 <small>Closed 7/3</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	8/3 – 8/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	7/6 – 7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	8/10 – 8/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	7/13 – 7/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	8/17 – 8/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	7/20 – 7/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	8/24 – 8/26* <small>Closed 8/27 & 8/28</small>	<input type="checkbox"/>	<input type="checkbox"/>		

Please briefly describe any special needs, disabilities, or allergies of your child.

EMERGENCY CONTACT PERSON(S) Person(s) to whom child may be released to in an emergency *other than the parent/guardian*. Please fill out each section per emergency contact added.

Name:	Home Phone Number:	Cell Phone Number:	
Address:	City:	State:	Zip:
Name:	Home Phone Number:	Cell Phone Number:	
Address:	City:	State:	Zip:
Name:	Home Phone Number:	Cell Phone Number:	
Address:	City:	State:	Zip:

MEDICAL INFORMATION Please fill out each box entirely.

Name of child's Physician/Medical Care Provider or source of medical care:		Phone Number:	
Address:	City:	State:	Zip:
Allergies (including medication reactions):			
Medical or dietary information necessary in an emergency situation:			
Medication special conditions:		Emergency medication that will be provided to Wonderspring: <input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Inhaler <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	
Health insurance coverage for child or medical assistance benefits:			
Policy Number:		Date of last physical	

PARENT'S FULL SIGNATURE INDICATING CONSENT REQUIRED FOR EACH ITEM BELOW

Signatures are required below for enrollment to be processed

Walks and Trips in the event of an emergency:	Obtaining Emergency Medical Care:	Administration of Minor First-Aid Procedures:	Transportation by the facility in the event of an emergency:

Signature of Parent or Guardian: _____ Date: _____

Signature of Center Administrator: _____ Date: _____

Six-month Periodic Review: _____ Date: _____

**Send completed application to smcaleer@wonderspring.org, or mail to
1208 Allston Road, Havertown, PA 19083**