



Summer 2023 Rates

Full Time: \$240
Part time: \$180

Application Fee: Non-refundable \$25 *(Waived for currentfamilies)*

Enrollment Fee: Non-refundable \$50 *(Waived for currentfamilies)*

Deposit: Non-refundable* \$50 deposit per week registered. Deposit will be applied on invoice of registered week over summer.

*If a two week or greater notice is received to change or remove a week, the deposit will be applied to another attendance week or reimbursed.

Wonderspring Narberth Camp - Application/EnrollmentForm

School Child Attends:		Grade as of September 2023:	
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:	Child's T-shirt size:

Parent/Guardian 1 Information

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

Parent/Guardian 2 Information

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

Please check the camp session(s) needed. Each full time (FT) one -week session fee is \$240. Session fee includes a maximum 10 hours of care daily as well as all activities. Part -time (PT) 3 days a week is \$180.

Session 1 (June 20): <input type="checkbox"/> PT 3-Days <small>Closed 6/19</small>	Session 2 (June 26): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days
Session 3 (July 3): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days <small>Closed 7/4</small>	Session 4 (July 10): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days
Session 5 (July 17): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days	Session 6 (July 24): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days
Session 7 (July 31): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days	Session 8 (Aug 7): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days
Session 9 (Aug 14): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days	Session10 (Aug 21): <input type="checkbox"/> FT <input type="checkbox"/> PT: 3-Days
Session 11 (Aug 28) <input type="checkbox"/> FT <input type="checkbox"/> PT: 3 Days	

If choosing the part time, 3 day per week option: Please list your three days below.

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

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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:			
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:	Administration of Minor First-Aid Procedures/Obtaining Medical Care:	Transportation by the facility in the event of an emergency:	

Signature of Parent or Guardian: _____ Date: _____

Signature of Center Administrator: _____ Date: _____

Send completed application to nrenn@wonderspring.org or mail to 201 Sabine Avenue, Narberth PA 19072

Once application is received and processed, you will receive an invoice for required deposit.