



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

Camp Wonderspring - Application/Enrollment Form

School Child Attends:		Grade as of September 2020:	
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:	Camp T-Shirt Size: <i>Child:</i> S M L XL <i>Adult:</i> S M L XL

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 \$270 (ELRC Families additional \$30 + copay). Session fee includes a maximum 10 hours of care daily as well as all activities & field trips. Part-time care (9am-3pm) or 3 days a week are \$200.

Session 1 (June 16 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 2 (June 22 nd): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 3 (June 29 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 4 (July 6 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 5 (July 13 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 6 (July 20 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 7 (July 27 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 8 (Aug 3 rd): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 9 (Aug 10 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 10 (Aug 17 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days <i>*Held at Wynnewood—NOT Colonial</i>

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

EMERGENCY CONTACT PERSON(S) - Person(s) to whom child may be released other than the parents

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

MEDICAL INFORMATION

Name of child's Physician/Medical Care Provider:		Phone Number:		
Address:	City:	State:	Zip:	Primary Language:
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 (required):		Date of Last Physical:		

PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW - Indicates Consent

Photos/Videos:	Admin of Minor First-Aid Procedures/Obtaining Medical Care:
Walks and Trips:	Transportation by the Facility:

Signature of Parent or Guardian: _____ Date: _____

Signature of Center Administrator: _____ Date: _____

*****PLEASE RETURN COMPLETED FORM TO 466 Germantown Pike, Lafayette Hill 19444*****