



**Summer 2023 Weekly Rates**

Full Time: \$279  
 Part time: \$209  
 Drop-in care: \$80 daily

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

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

**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 Colonial Camp - Application/Enrollment Form

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 \$279. Session fee includes a maximum 10 hours of care daily as well as all activities. Part-time (PT) care (9am-3pm) or 3 days a week is \$209. Circle your part time choice for each part time week selected.**

Session 1 (June 21): <input type="checkbox"/> FT <input type="checkbox"/> PT 3-Days only available <small>Closed 6/19 &amp; 6/20</small>	Session 2 (June 26): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 3 (July 3): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days <small>Closed 7/4</small>	Session 4 (July 10): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 5 (July 17): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 6 (July 24): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 7 (July 31): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 8 (Aug 7): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 9 (Aug 14): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 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:	Participation in swimming: (Optional)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Center Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed application to [czawislak@wonderspring.org](mailto:czawislak@wonderspring.org), fax to 610-828-6443 or mail to 466 Germantown Pike, Lafayette Hill, PA 19444**

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