



Summer 2024 Rates

Full Time: \$287
 Part time: \$215
 Drop-in care: \$85 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 is refundable and will be applied to another attendance week or reimbursed.

Wonderspring Colonial Camp – Application & Enrollment Form

School Child Attends:		Grade as of September 2024:	
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 \$287. 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 \$215.

To register for a session, under the schedule section choose your enrollment option. If selecting part time 3 days per week, please indicate your requested days of care (M, Tu, W, Th, F). If a session is left blank, no care will be requested.

Session Number	Dates of Session	Schedule			Session Number	Dates of Session	Schedule		
		Part time 3 days	Part time 5 days	Full time			Part time 3 days	Part time 5 days	Full time
1	6/17 – 6/21 <small>Closed 6/17 & 6/19</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	7/15 – 7/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	6/24 – 6/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	7/22 – 7/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	7/1 – 7/5 <small>Closed 7/4 & 7/5</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	7/29 – 8/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	7/8 – 7/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	8/5 – 8/9	<input type="checkbox"/>	<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: _____	
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 gpileggi@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 in brightwheel.