



**Summer 2025 Rates**

Full Time: \$296  
 Part time: \$222  
 Drop-in care: \$88 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 2025:	
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:	
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. Each full time (FT) one-week session fee is \$296. 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 \$222. Rates for Week 3 will remain the same.**

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	6/16 – 6/20 <small>Closed 6/16 &amp; 6/19</small>	<input type="checkbox"/>			5	7/14 – 7/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	6/23 – 6/27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	7/21 – 7/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	6/30 – 7/4 <small>Closed 7/4</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	7/28 – 8/1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	7/7 – 7/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	8/4 – 8/8	<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: _____ <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:	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 [ggresh@wonderspring.org](mailto:ggresh@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.**