



Summer 2022 Rates

Full Time: \$268
Part time: \$200
Drop-in care: \$80 daily

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

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

Wonderspring Colonial Camp - Application/Enrollment Form

School Child Attends:		Grade as of September 2022:	
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 \$268. 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 are \$200. Circle your part time choice for each part time week selected.

Session 1 (June 13): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days <small>Closed 6/13</small>	Session 2 (June 20): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days <small>Closed 6/20</small>
Session 3 (June 27): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 4 (July 4): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days <small>Closed 7/4</small>
Session 5 (July 11): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 6 (July 18): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 7 (July 25): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 8 (Aug 1): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days
Session 9 (Aug 8): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm or 3-Days	Session 10 (Aug 15): <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.

--

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

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 (required):		Date of Last Physical:	

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

Walks/excursions:	Participation in swimming:	Admin of Minor First-Aid Procedures/Obtaining Medical Care:
-------------------	----------------------------	---

Signature of Parent or Guardian: _____ Date: _____

Signature of Center Administrator: _____ Date: _____

Send completed application to czawislak@wonderspring.org, gpileggi@wonderspring.org or mail to:

**Wonderspring
466 Germantown Pike
Lafayette Hill, PA 19444**