



Summer 2021 Rates

Full Time: \$255
Part time: \$191

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

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

Camp Wonderspring Wynnewood- Application/Enrollment Form

School Child Attends:		Grade as of September 2021:	
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 \$255 (ELRC Families additional \$30 + copay). 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 \$191.

Session 1 (June 22 nd): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 2 (June 28 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 3 (July 6 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 4 (July 12 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 5 (July 19 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 6 (July 26 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 7 (Aug 2 nd): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 8 (Aug 9 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 9 (Aug 16 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	Session 10 (Aug 23 rd): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days
Session 11 (Aug 30 th): <input type="checkbox"/> FT <input type="checkbox"/> PT: 9am-3pm 3-Days	

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:
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:		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 and Trips:	Transportation by the Facility:	Admin of Minor First-Aid Procedures/Obtaining Medical Care:
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Signature of Parent or Guardian: _____ Date: _____

Signature of Center Administrator: _____ Date: _____

Please send completed application to cmauro@wonderspring.org or mail to:

**Wonderspring
230 Haverford Rd.
Wynnewood, PA 19096**