

Winter Office
125 N. Burnt Mill Rd
Suite 200
Cherry Hill, NJ 08003
P. 856-428-6256
f. 856-428-6289

SAGINAW DAY CAMP (SDC)

2008 CAMPER ENROLLMENT FORM

"Southern Chester County's Premier Day Camp"

Summer Office
740 Saginaw Rd
Oxford, PA 19363
p. 610-998-1281
f. 610-932-3313
www.saginawdaycamp.com
askus@saginawdaycamp.com

Camper(s) Name	Sex	Date of Birth	Age (As of 7/08)	Grade (As of 9/08)

Please select the dates your child will be attending SDC. Note that we require a 2-week minimum in consecutive weeks.

Camper Name	Camper Name	Camper Name
Weeks 1 & 2: <input type="checkbox"/> June 23 to July 4*	Weeks 1 & 2: <input type="checkbox"/> June 23 to July 4*	Weeks 1 & 2: <input type="checkbox"/> June 23 to July 4*
Weeks 3 & 4: <input type="checkbox"/> July 7 to July 18	Weeks 3 & 4: <input type="checkbox"/> July 7 to July 18	Weeks 3 & 4: <input type="checkbox"/> July 7 to July 18
Weeks 5 & 6: <input type="checkbox"/> July 21 to Aug. 1	Weeks 5 & 6: <input type="checkbox"/> July 21 to Aug. 1	Weeks 5 & 6: <input type="checkbox"/> July 21 to Aug. 1
Weeks 7 & 8: <input type="checkbox"/> Aug. 4 to Aug. 15	Weeks 7 & 8: <input type="checkbox"/> Aug. 4 to Aug. 15	Weeks 7 & 8: <input type="checkbox"/> Aug. 4 to Aug. 15

* **Note:** SDC will be open on July 4th.

CAMPER'S INFORMATION

Home Street	City	State	Zip
Home Phone	School Name	Email	

PARENT'S INFORMATION

Mother's Name			Father's Name		
Home Street			Home Street		
City	State	Zip	City	State	Zip
Mother Cell	Home Phone		Father Cell	Home Phone	
Mother Email	Business Phone		Father Email	Business Phone	

EMERGENCY CONTACT INFORMATION

Name	Relationship to camper	
Daytime Phone	Nighttime Phone	Cell Phone

Are there any health related conditions or social or emotional difficulties that we should be aware of? If "YES" please explain:

Yes No

HEALTH INSURANCE INFORMATION

Company Name	Subscriber's Name	Policy Number
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PAYMENT METHOD: Credit Card Please Charge \$ _____ Check Enclosed Amount \$ _____

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Name on Card	Card Number Card Bill To Address	Expiration Date
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Kindly enroll the camper(s) named above for the 2008 camp season, subject to the "Conditions of Enrollment" set forth on this and the reverse side of this form. By my signature below, I give permission for my child(ren) to be taken out of camp for supervised camp activities. I give permission that any photographs, videos or interviews taken of my child(ren) may be published and used to illustrate, promote and advertise Saginaw Day Camp and it's camping activities. By my signature, I agree to abide by all "Conditions of Enrollment" and "Rules of Payment" as listed on the reverse side of this form.

A non-refundable deposit of \$100 is enclosed for each child.

I understand that the balance will be paid in full by June 1st of the camp season.

Parent or Guardian _____ Date _____

SDC FEES*

Item	Fee
2-weeks (minimum session)	\$680
Each additional Week	\$340
8-weeks (\$200 discount)	\$2,520
Transportation (roundtrip)	\$80 per week
Extended Care: Morning (8am-9am)	\$30 per week
Extended Care: Afternoon (4pm-5pm)	\$30 per week
Extended Care: Dinner (5pm-6pm)	\$60 per week

Sibling Discount: You will receive a discount of \$50.00 off tuition for your 2nd and 3rd child.

CONDITIONS OF ENROLLMENT

1. I understand that following acceptance of enrollment, Camp must receive a completed camper questionnaire, medical form and insurance/prescription forms prior to June 1st. I also agree to advise the camp prior to my child's summer session of any last minute medical conditions or situations which may arise.
2. I understand that the Directors reserve the right to refuse a camper, or to cancel any camper enrollment if either the camper's personal questionnaire, or medical certificate is deemed unacceptable. The Directors also reserve the right to discharge a camper whose conduct is unacceptable. In such a case, the deposit or any unused camp fees will not be refunded.
3. I understand that part of the camping experience involves activities and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
4. I understand that there is no allowance for late arrival or early withdrawal.
5. I allow any third party hospital, doctor, etc. to release any information regarding my child's medical condition to the camp's Directors, camp's medical staff and other medical personnel. I allow the camp medical staff to share my child's medical information with the Camp Directors, as needed. I understand that the Directors reserve the right to send my camper home or to hospitalize my child or to seek outside medical assistance. All related expenses shall be paid by me or my insurance.
6. I understand that Camp is not responsible for campers' equipment or personal belongings, although effort will be made by the Directors to safeguard possessions. Jewelry, I-pods, costly cameras, expensive wardrobes, and other expensive items should not be brought to camp. **Furthermore, cell phones are not permitted in camp.**
7. I agree that any dispute concerning, relating or referring to this contract, any representation concerning my child's camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration in Pennsylvania, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania. Any claim brought for breach of the agreement, the non prevailing party shall, in addition to any other remedies, be required to pay prevailing party's attorney fees and other costs of defense.
8. Campers and parents (or guardians) agree to abide by Saginaw Day Camp's rules and regulations.
9. I give permission for my child(ren) to be taken out of camp for special activities and trips.

RULES FOR PAYMENT
<ol style="list-style-type: none"> 1. Your \$100 deposit must accompany the application. 2. Deposits are not refundable. 3. Please make checks payable to "Saginaw Day Camp."