

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



"Southern Chester County's Premier Day Camp"  
**2010 Camper Enrollment Form**

**Summer Office**  
 740 Saginaw Rd  
 Oxford, PA 19363  
 p. 610-998-1281  
 f. 610-932-3313  
[www.saginawdaycamp.com](http://www.saginawdaycamp.com)  
[askus@saginawdaycamp.com](mailto:askus@saginawdaycamp.com)

Camper(s) Name	Sex	Date of Birth	Age (As of 6/2010)	Grade (As of 9/10)	T-Shirt Size

**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 28 to July 9	Weeks 1 & 2: <input type="checkbox"/> June 28 to July 9	Weeks 1 & 2: <input type="checkbox"/> June 28 to July 9
Weeks 3 & 4: <input type="checkbox"/> July 12 to July 23	Weeks 3 & 4: <input type="checkbox"/> July 12 to July 23	Weeks 3 & 4: <input type="checkbox"/> July 12 to July 23
Weeks 5 & 6: <input type="checkbox"/> July 26 to August 6	Weeks 5 & 6: <input type="checkbox"/> July 26 to August 6	Weeks 5 & 6: <input type="checkbox"/> July 26 to August 6
Weeks 7 & 8: <input type="checkbox"/> August 9 to August 20	Weeks 7 & 8: <input type="checkbox"/> August 9 to August 20	Weeks 7 & 8: <input type="checkbox"/> August 9 to August 20
<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 to 5 year olds (select weeks above)	<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 to 5 year olds (select weeks above)	<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 to 5 year olds (select weeks above)

**CAMPER'S INFORMATION**

Home Street	City	State	Zip
Home Phone	School Name		

**PARENT'S INFORMATION**

Mother's Name	Father's Name				
Home Street (If different than child's)	Home Street (If different than child's)				
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

**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 2010 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 its 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 1<sup>st</sup> of the camp season.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## SDC FEES

Item	Fee
2-weeks (minimum session)	\$740
Each additional Week	\$370
8-weeks (\$200 discount)*	\$2,760
Counselor-In-Training (14 & 15 year olds only)	\$320 per week
Mini-Day Program (4 & 5 year olds; 9am to 1:45pm)	\$315 per week
Transportation (roundtrip)**	\$100 per week
Extended Care: Morning (8am to 9am)	\$40 per week
Extended Care: Afternoon (4pm to 5pm)	\$40 per week
Extended Care: Dinner (4pm to 6pm)	\$120 per week

\* Two complimentary overnight camp-outs for children 8 years and older.

\*\*- Transportation price is for the first child in each family. After one child, each additional child per family will cost \$50 per week for transportation.

Enroll for four or more weeks to obtain a complimentary overnight camp-out for your children 8 years and older

**Sibling Discount:** You will receive a discount of \$50.00 off total tuition for each additional 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 1<sup>st</sup>. These forms will be distributed to me once SDC has processed my child's enrollment form. 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. Further, if I decide to pull my child from the program for any reason, a refund for any unused weeks will be given, minus a \$175 processing fee.
3. I understand that part of the camping experience involves activities and interactions that may be new to my child. These activities/interactions 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 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, MP3 players, PDA's, videogames, and any other electronic devices are not permitted in camp, and SDC accepts no responsibility for these items if lost, stolen, or broken on camp property.**
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

1. **Your \$100 deposit per child must accompany the application.**
2. **Deposits are not refundable.**
3. **Please make checks payable to "Saginaw Day Camp."**