

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"

2012 Camper Enrollment Form

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 6/2012)	Grade (As of 9/2012)	T-Shirt Size

Please select the weeks you would like your child to attend SDC:

Camper Name		Camper Name		Camper Name	
Week 1: <input type="checkbox"/> June 25 to June 29	Week 5: <input type="checkbox"/> July 23 to July 27	Week 1: <input type="checkbox"/> June 25 to June 29	Week 5: <input type="checkbox"/> July 23 to July 27	Week 1: <input type="checkbox"/> June 25 to June 29	Week 5: <input type="checkbox"/> July 23 to July 27
Week 2: <input type="checkbox"/> July 2 to July 6	Week 6: <input type="checkbox"/> July 30 to August 3	Week 2: <input type="checkbox"/> July 2 to July 6	Week 6: <input type="checkbox"/> July 30 to August 3	Week 2: <input type="checkbox"/> July 2 to July 6	Week 6: <input type="checkbox"/> July 30 to August 3
Week 3: <input type="checkbox"/> July 9 to July 13	Week 7: <input type="checkbox"/> August 6 to August 10	Week 3: <input type="checkbox"/> July 9 to July 13	Week 7: <input type="checkbox"/> August 6 to August 10	Week 3: <input type="checkbox"/> July 9 to July 13	Week 7: <input type="checkbox"/> August 6 to August 10
Week 4: <input type="checkbox"/> July 16 to July 20	Week 8: <input type="checkbox"/> August 13 to August 17	Week 4: <input type="checkbox"/> July 16 to July 20	Week 8: <input type="checkbox"/> August 13 to August 17	Week 4: <input type="checkbox"/> July 16 to July 20	Week 8: <input type="checkbox"/> August 13 to August 17
<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 & 5 year olds (select weeks above)		<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 & 5 year olds (select weeks above)		<input type="checkbox"/> Mini-Day Program: from 9:00 a.m. to 1:45 p.m. for 4 & 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 Business Phone	Mother Cell Phone	Father Business Phone	Father Cell Phone		
Mother Email	Home Phone (If different)	Father Email	Home Phone (If different)		

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"/>	Card Number	Expiration Date
Name on Card	Card Bill To Address	

Kindly enroll the camper(s) named above for the 2012 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 1st of the camp season.

Parent or Guardian _____ Date _____

SDC FEES

Item	Fee
1-week (first time campers only)	\$415
2-weeks	\$810
3 weeks	\$1,215
4 weeks (Discounted rate at 4+ weeks)	\$1,560
Each additional week after 4	\$390
8-weeks (\$200 discount)*	\$3,000
Counselor-In-Training Program Discount (14 & 15 year olds only)	\$50 off per week (4 week minimum)
Mini-Day Program (4 & 5 year olds; 9am to 1:45pm)	\$330 per week
Transportation (roundtrip)**	\$110 per week
Extended Care: Morning (8am to 9am)	\$45 per week
Extended Care: Afternoon (4pm to 5pm)	\$45 per week
Extended Care: Dinner (4pm to 6pm)	\$125 per week

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

** 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 \$55 per week for transportation.*

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 1st. 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 camper's 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, video games, 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. I give permission for my child(ren) to be taken out of camp for special activities and/or trips, if applicable.

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."**