			emberNon-Member _/_/_/_/ Har Zi 1500 Hagys Ford Road, Penn Va	on Temple alley, PA 19072 • 610-66		ate of Enrollm	ent//		
			DAY CAMP APPLIC	-					
Diane	e Halpr	ren, C	Camp Director		Director of Ea	rly Childho	ood Education		
P	lease e	nroll	my child in one of the following age a	appropriate Day C	amp Programs	and Preferre	ed Session.		
8 W	eek Se	ssion	– June 25-August 17; 4 Week Ses. 1	- June 25-July 2	20; 4 Week Se	s. 2 – July 2	23-August 17		
Child's	's Name			Date of Birth (M/D/	Y) Age	e Sex			
Paren	nt Name (1	1)		Parent Name (2)					
Phone	e (H)		Phone (C)	Phone (H)	Pho	one (C)			
Phone	e (W)		Email	Phone (W)	Ema	ail			
Addre	ess			Address					
City			State Zip -	City	Stat	te Zip	-		
Custo	dy concer	ns 🗆	Yes, please describe ☐ Not applicable	Child lives with?	Child lives with? ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Other (specify):				
Curre	ent synago	gue affi	iliation	Parent/s to be bille	Parent/s to be billed				
Busin	ess name	/occupa	ation	Business name/oc	Business name/occupation				
<u>Choo</u>	se one	<u>:</u> :			Member	Non-N	I Member		
8wks □ 71	Ses 1 ☐ 72	Ses	3 Half Days (2 yrs old before 9/1)	8 Weel \$151	ks 4 Weeks	8 Weeks \$2000	4 Weeks \$1175		
□ 9A			9 AM - 1 PM (M-W-F) Lunch	\$225	\$135	\$225	\$135		
73	□ 74		5 Half Days (2-3 yrs old before 9/1) 9 AM - 1 PM	\$234	5 \$1645	\$3075	\$1915		
79	80		2 Half / 3 Full Days (3-4 yrs old befor 9 AM - 3:10 PM (M-W-Th); 9 AM - 1 PM (T-		0 \$2145	\$4020	\$2510		
1 77	78		5 Full Days (2-6 yrs old before 9/1) 9 AM - 3:10 PM	\$352	5 \$2220	\$4310	\$2725		
'A six	-week	optior	n is available at 10% off the eight-wee	k fee.					
"* A \$	100 se	curity	y fee will be billed per family per ye	ar					
	ill also no								
	1 Day/\ (Circle Da	Neek/\$ days) aily – \$		1 Day/W (Circle da Dail	□ Late Care – M-TH 3:15-5:00 PM / 7C19 1 Day/Week/Summer – \$200 (Circle days) M T W THDaily – \$254 Days/Week/Summer – \$625				
		Jays/\	Week/Summer – \$425	4 D	ays/vveek/Summe	31 — \$0ZO			

Name and Address of Child's Physician or Source of Medical Care: Name Street City State Telephone Number Record R				ol	School		Grade as of Sept. 2018
1. Name Street City State Telephone Number Re Name and Address of Child's Physician or Source of Medical Care: Name and Address of Child's Physician or Source of Medical Care: Name Street City State Telephone Number Re Any special information of which we should be aware Allergies)	ossible) _	hild placed (<u>if</u>	you want your ch	nper with whom yo	Name of ONE other camp
Name and Address of Child's Physician or Source of Medical Care: Name Street City State Telephone Number Recognition of Child's Physician or Source of Medical Care: Name Street City State Telephone Number Recognition of Which we should be aware Allergies Medication Diet Cother Any additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Application Requirements & Financial Arrangements. Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional information on special needs of your child? Mary additional needs of your c		:	reached:	ents cannot be	contacted if par	individuals to be c	Name and Address of 2 is
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signing below. Any exceptions or special circumstances require the prior written approval of the Executive Director.		proval of the Executive Director.	itten appro	tire the prior w	cumstances requ	tions or special circ	signing below. Any exception
DATE SIGNATURE OF PARENT		NATURE OF PARENT	SIGNA			DATE	

SIGNATURE OF PARENT

DATE