



# EASTMINSTER SUMMER DAY CAMP

## 2017 REGISTRATION APPLICATION

1. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The five weeks this year are scheduled as follows. Please indicate any and all dates desired.

- WEEK ONE: Creative Camp Cuisine: June 12-16
- WEEK TWO: Amazing Animal Antics: June 19-23
- WEEK THREE: Out of This World Art: June 26-30
- WEEK FOUR: Go, Go, Inspector Gadget: July 10-14
- WEEK FIVE: Walk the Plank Water Week: July 17-21

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (required) \_\_\_\_\_

Work Phone (Mother/Father) \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Physician's Name/Phone Number \_\_\_\_\_

Allergies, medications or physical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts**

In the event a parent cannot be reached, I give permission for the staff of Eastminster Summer Camp to contact the following people on my behalf: (Please fill in names in order of preference.)

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Camp Tuition:**            **\$ 85.00 per camper, per week**            **\$ 80.00 per week for each sibling**  
A **\$25.00 non-refundable** registration fee (not applicable toward tuition) is required for admission to camp for each family with children attending camp.

**Deposit**

Due to limited space, a deposit of the registration fee and 50% of your child’s tuition is due with the application. *Failure to pay a deposit may result in losing your child’s slot at Eastminster Summer Camp.*

**DEPOSIT Amounts by Number Of Weeks Enrolled**

<b>One Week:</b>	<b>First child = \$67.50</b>	<b>Siblings = \$40.00 ea.</b>
<b>Two Weeks:</b>	<b>First child = \$110.00</b>	<b>Siblings = \$80.00 ea.</b>
<b>Three Weeks:</b>	<b>First child = \$152.50</b>	<b>Siblings = \$120.00 ea.</b>
<b>Four Weeks:</b>	<b>First child = \$195.00</b>	<b>Siblings = \$160.00 ea.</b>
<b>Five Weeks:</b>	<b>First child = \$237.50</b>	<b>Siblings = \$200.00 ea.</b>

**TOTAL DEPOSIT DUE: \$ \_\_\_\_\_**

**PARENTAL RELEASE:**

I hereby give my permission for my child(ren) \_\_\_\_\_ *list name(s)* to participate in Eastminster’s summer day camp.

Furthermore, in case of a medical emergency, I give my permission for the treatment of my child(ren) by a licensed physician or facility and I agree to pay any subsequent bills not covered by the camp accident insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please mail the completed application and deposit to:**

Eastminster Summer Day Camp  
311 Haines Road  
York, PA 17402