

HIDEAWAY DAY CAMP 2009 APPLICATION

3471 Arcola Road • Collegeville, PA 19426 • 610.489.2191

Camper Name _____ Sex (M/F) _____ Age as of 7/1/09 _____
Date of Birth _____ School Attending _____ Grade Completed (2009) _____
Mailing Address _____
Please try to group my camper with: _____

Primary Parent or Guardian _____ Relationship to Camper _____
Home Phone _____ Business Phone _____ Cellular Phone _____
Secondary Parent or Guardian _____ Relationship to Camper _____
Home Phone _____ Business Phone _____ Cellular Phone _____
E-Mail Address _____

RATES:
1-3 weeks: \$410/week (NO transportation)
(The following prices include transportation):
4 weeks: \$1640
5 weeks: \$2050
6 weeks: \$2448
7 weeks: \$2835
8 Weeks: \$3240

ENROLLMENT: Choose 1-8 weeks. They do not need to be consecutive.
(Four-week minimum required for van transportation)
Please check ALL weeks attending:
 June 22 July 20
 June 29 (Closed 7/3) July 27
 July 6 August 3
 July 13 August 10

Sibling Discounts: Second Camper \$15/week, Third Camper \$18/week, Fourth Camper \$20/week

TRANSPORTATION:

Depending upon the location of your home, pick up/drop off may be at camper's HOME or at a CENTRAL LOCATION.

We would like to take advantage of Hideaway's transportation (4-week minimum enrollment required)
(Please check one): Both AM and PM AM only PM only
Pick-up/Drop off Address _____ City _____ Zip Code _____
Development Name (if any) _____
Nearest Intersection _____

We will be providing our own transportation to and from camp. We understand that if our camper(s) is enrolled for 4 weeks or more, there is a discount of \$25/week/camper.

BEFORE AND AFTER CARE PROGRAM:

The cost for each before care and/or after care stay is \$2/camper payable daily (Before Care Hours: 8:00 - 8:30AM After Care Hours: 3:30 - 5:00PM)

We will be transporting our camper(s) to and from camp and would like to take advantage of the following:

Both before and after care Before care only After care only

Please list anyone other than parents/guardians, permitted to pick up your camper(s):

Name _____ Relationship _____
Name _____ Relationship _____

Please Send a Brochure to:

Name _____ Address _____ City, State, Zip _____
Name _____ Address _____ City, State, Zip _____

(over, please)

HOW TO ENROLL YOUR CAMPER

1. Complete the reverse side of this application.
2. Sign the completed application and send with a \$300 deposit (or full payment if applying after May 1, 2009) to:

Hideaway Day Camp
3471 Arcola Road
Collegeville, PA 19426

3. Please make checks payable to: **Hideaway Day Camp**

TERMS AND CONDITIONS

A completed application and a deposit of \$300.00 is required for each child attending camp, and is applied to the total fee, due on or before May 1st. The deposit accompanied with the application, if accepted, reserves a place for your child in the summer's program. No child may attend camp unless entire bill is paid on or before May 1st. Campers' enrollment will be automatically cancelled if a balance remains after May 1st. Payments to your account may be made at your discretion.

Parent or guardian agrees that the camper is in sound physical and mental health and fully able to participate in all camp activities without the need of individual or specialized attention, medical or otherwise. We reserve the right to deny or cancel enrollment if the camper's health, physical or mental, interferes with any camp activity or is not in the best interest of the camp or the other campers. The Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed their behavior is not in the best interest of the camper or the Camp. Fees not refundable.

There is limited enrollment. Campers are accepted on a first-come, first-serve basis. We cannot hold a spot for any camper without a completed application and deposit. Should your application be received after enrollment closes, you will be notified, and placed on a waiting list if you desire; otherwise, your deposit will be returned. Full payment is required before we will add weeks/extend your camper's stay after the camp season has begun.

Group requests are also granted on a first-come, first serve basis. All requests must be indicated on the application or in writing before the camp season begins. We cannot guarantee all requests.

The Camp is not responsible for the camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft, or otherwise. The Camp will make every effort to provide proper supervision so that losses will be at a minimum.

Final group and transportation arrangements will be made when all tuitions are paid in full. Hideaway reserves the right to deny van transportation due to the pick up/drop off location of camper. Please call our office to check the availability of transportation in your area before sending in your completed application. It is agreed that the transportation service can only apply to the same address both AM and PM throughout the season with no exceptions. Hideaway cannot pickup or deliver to different addresses. Camp cannot guarantee a particular vehicle of transport nor guarantee a pick up or drop off time. Camp pledges to transport all children in the safest, most efficient way possible.

Parent or guardian gives permission to have photographs and/or videos of camper(s) used in video or printed materials.

There will be a charge of \$25 for any returned check.

CANCELATION/REFUND POLICY

- If a cancellation occurs in writing **before April 1st**, all monies, including deposit shall be returned.
- If a cancellation occurs **after April 1st and before May 1st**, all monies except the original deposit shall be returned.
- **NO REIMBURSEMENTS will be made for any canceled weeks/days AFTER MAY 1st.**
- There is no allowance nor refund for any absences, late arrival or early withdrawal of campers. This is strictly enforced.
- If a camper misses an entire week, a make-up week may be possible, depending upon availability. Otherwise, the missed week is nonrefundable with no exceptions.

I have read all the terms and conditions in the brochure and on this application and have listed all medical or personal information that the staff should be made aware. In the event that I can not be contacted in an emergency, I grant Hideaway Day Camp permission to give my child immediate treatment and/or take my child to a hospital emergency room. I agree that Hideaway Day Camp is not responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation and covenant not to sue and waive, release, and discharge Hideaway and anyone working on their behalf from any and all claims of liability or any expenses.

Parent or Guardian Signature _____

Date _____