

MIQUON DAY CAMP

2017 VACATION DAY CARE

2025 Harts Lane, Conshohocken, PA 19428

Off-season Contact: (267) 240-4456

Summer Vacation Day Care at the Miquon School is administered by Miquon Day Camp. Vacation Day Care is open from 8:00 AM to 6:00 PM for children ages 4-12. We offer supervised games, craft projects, and outdoor activities. All children participate in a daily swim. Snacks and beverages are provided. Children should bring their own lunch. Transportation is NOT provided.

Unplanned daily drop-ins are welcome, but advance notice is greatly appreciated. Please contact the camp.

CHILD & PARENT INFORMATION: *Please print clearly!*

Child's Name: _____ **Gender:** _____
Birthdate: _____ **Age as of 6/1/17:** _____
School Attending: _____ **Grade completed in June 2017:** _____
Home Address: _____
City, State, ZIP: _____
Home Phone: _____
Email Address: _____
Please enter the email address that you use most often as we will be sending correspondence to you via email.

1st Parent/Guardian Name: _____
Business Phone: _____ **Cell Phone:** _____

2nd Parent/Guardian Name: _____
Business Phone: _____ **Cell Phone:** _____

Name of person(s) other than parent or guardian responsible for your child's pick up:

Name: _____ **Relationship to child:** _____
Business Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship to child:** _____
Business Phone: _____ **Cell Phone:** _____

PRE-CAMP SESSIONS

Week 1: June 12 - 16

Week 2: June 19 - 23

POST-CAMP SESSIONS

Week 3: August 21 - 25

Week 4: August 28 - September 1

DAILY SCHEDULE

Check mark days, if known

Wk 1 Mon Tue Wed Thur Fri

Wk 2 Mon Tue Wed Thur Fri

Wk 3 Mon Tue Wed Thur Fri

Wk 4 Mon Tue Wed Thur Fri

FEE SCHEDULE

Per Week

1st Child

\$325.00

2nd Child

\$280.00

Per Day

\$73.00

\$63.00

Office Use Only

Rec'd ____/____/2017

Check #:

Amt: \$

TERMS OF ENROLLMENT AGREEMENT – *Please read and sign below.* _____

The Miquon Day Camp administers the Summer Vacation Day Care program at The Miquon School. In the text that follows, children attending Vacation Day Care are referred to as “campers.”

1. A completed application and a deposit of \$50 is required for each child attending Vacation Care and is applied toward the total fee due on or before June 8, 2017. The deposit and completed application, if accepted, reserves a place for your child in the Vacation Care. No child may attend Vacation Care unless the entire bill is paid in full and the medical emergency form is completed. Applications submitted after June 1 must be paid in full.

Cancellation/Refund Policy

- If a cancellation occurs in writing before June 1, all monies, excluding the deposit shall be returned.
- No reimbursements will be made for any cancelled weeks/ days after June 8, 2016.
- We regret that we cannot reduce or refund fees for time missed due to tardiness, illness, vacations, early withdrawal or other reasons. Our expenses for program and personnel assume a camper’s enrollment based on the enrollment agreement/application. If a camper misses prescheduled time, a make-up time may be possible, depending upon availability. Otherwise the missed time is nonrefundable with no exceptions.

3. The camper and parents agree to abide by the rules and regulations set by the Miquon Day Camp for the health, safety and welfare of the campers. Younger campers must be fully toilet trained before attending Vacation Day Care.

4. The camp reserves the right to deny, cancel, sever, or suspend a camper’s enrollment if it considers this to be in the best interests of the camper or the camp, in which case the deposit or unused camp fee will be refunded.

5. The camp is not responsible for the camper’s equipment or personal belongings while at Vacation Care if lost or damaged by fire, theft, or otherwise. The camp will make every effort to provide proper supervision so that losses will be minimal. Clothing and other personal belongings should be marked with each camper’s name.

6. Parents hereby authorize the camper’s participation in all Vacation Care programs and activities.

7. The camp may, from time to time, take photographs of activities and operations for publicity purposes. Parents hereby authorize the use of any photographs of or including the camper for publicity.

I/We have read all the terms and conditions and will provide the camp with all medical and personal information that the staff should be made aware of prior to my child’s first day of Vacation Care. In the event I/we cannot be contacted in an emergency, I/we grant Miquon Day Camp permission to give my child immediate medical treatment and/or take my child to a hospital emergency room. I/we agree that Miquon 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 Miquon and anyone working on their behalf from any and all claims of liability or any expenses.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

GENERAL SCHEDULE FOR VACATION CARE

8:00	AM	Check-in and Free Choice Time
9:30	AM	Discovery Time
10:15	AM	Morning Snack
10:45	AM	Art or Cooking Activity
11:30	AM	Group Games
12:00	PM	Lunch
1:00	PM	Swim
2:30	PM	Free Choice Time until Check-out
3:30	PM	Afternoon Snack
5:00	PM	Friday Finale on Friday only