

Miquon Day Camp

2025 Harts Ln, Conshohocken, PA 19428 | 267-240-4456 (winter telephone)

2018 Application for School Families

Office Use Only: Rec'd: ____/____/2018

Ck Date: ____/____/2018 Ck #: _____

Amt: \$ _____ 1 2 3 4

Camper/Parent Information: *Please print clearly!*

New Camper

Returning Camper

■ **Camper's Name:** _____ Male Female
Birthdate: _____ Age as of 6/1/18: _____
School Attending: _____ Grade Completed in June 2018: _____
Home Address: _____
City, State, Zip code: _____
Home Phone: _____
Email Address: _____

Please enter the email address that you use most often as we will be sending acceptance and camp info to you via email.

■ **Bunkmate Request:** _____

Bunkmate requests are granted based on appropriate age grouping (entering the same Sept grade) and a first-come, first serve basis. We work to accommodate but cannot guarantee all requests.

■ **T-Shirt Size:** *Please check one.*

Youth sizes: S 6-8 M 10-12 L 14-16

Adult sizes: S M L

■ **1st Parent / Guardian Name:** _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Please complete the following if different from camper:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

■ **2nd Parent / Guardian Name:** _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Please complete the following if different from camper:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

We want our campers to enjoy their time at Miquon Day Camp! Therefore, if your child has special needs and requires additional help in order to participate in daily camp activities, we ask that you share this information with us. All information regarding the health of your child will be kept confidential. Please read and sign below:

As parent/guardian of this child, I understand that if he/she should require additional services in order to participate in daily camp activities such as special training for staff, equipment, and/or provisions for emergencies, I am required to disclose this information by a letter attached to this application or by contacting the camp director at campdirector@miquon.org at the time of registration.

I also understand that a completed health form is required for my child and must be submitted by June 8, 2018.

Signature: _____ **Date:** _____

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Enrollment Options and Camp Fees

Please choose the number of weeks you would like your child to attend and transportation option:

	<input type="checkbox"/> Transportation Included	<input type="checkbox"/> No Transportation
<input type="checkbox"/> 1 week	\$370	\$325
<input type="checkbox"/> 2 weeks	\$720	\$650
<input type="checkbox"/> 3 weeks	\$1070	\$965
<input type="checkbox"/> 4 weeks	\$1420	\$1280
<input type="checkbox"/> 5 weeks	\$1770	\$1595
<input type="checkbox"/> 6 weeks	\$2120	\$1910
<input type="checkbox"/> 7 weeks	\$2470	\$2225
<input type="checkbox"/> 8 weeks	\$2820	\$2540

Please choose the week(s) you would like your child to attend. Weeks do not have to be consecutive.

<input type="checkbox"/> Week 1, June 25 – June 29	<input type="checkbox"/> Week 5, July 23 – 27
<input type="checkbox"/> Week 2, July 2 – 6 (camp closed July 4)	<input type="checkbox"/> Week 6, July 30 – August 3
<input type="checkbox"/> Week 3, July 9 – 13	<input type="checkbox"/> Week 7, August 6 – 10
<input type="checkbox"/> Week 4, July 16 – 20	<input type="checkbox"/> Week 8, 8/13 – 17

After Camp Care

■ Available daily during the 8-week camp session from 3:15-6:00 pm, After Camp Care provides recreational swimming and other supervised activities. A snack is provided. Parents provide pm transportation. A late fee will be charged for children picked up after 6:00 pm.

■ My child will require the following:

<input type="checkbox"/> Full Week:	My child will attend after camp each afternoon during his/her enrollment.
<input type="checkbox"/> Individual Days:	My child will attend the following days each week during his/her enrollment: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> Drop In:	My child may require after camp care on a drop in basis. I understand that I need to notify the camp in advance with a handwritten note and a phone call.
<input type="checkbox"/> TBA:	I am unsure of our family's schedule at this time. I will notify the camp office on or before June 1 if after camp care is required.
<input type="checkbox"/> My child will not require after camp care.	

After Camp Fee Schedule	8 weeks	4 weeks	5 weeks	6 weeks	Daily Rate
1st child	\$625	\$320	\$400	\$475	\$22
2nd child	\$515	\$268	\$335	\$392	\$22

Please read the following and sign below:

I understand that if there is a change in my child's schedule during his/her enrollment period, I am required to notify the camp with a handwritten note to my child's counselor (and to the bus driver/counselor if using transportation) and a follow up phone call to the camp office 610-828-1231.

Signature: _____ Date: _____

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For office use only:

Transportation Information

Yes, I my child will need transportation NO TRANSPORTATION REQUIRED

- **Transportation is available for children ages 4 and above.**
- **Camp fees include transportation to and from a *SINGLE* pick-up/drop off place for each session.**
- **Please read Terms of Enrollment Agreement Item #2 for more transformation information.**

■ **If you live within the following areas, please select a bus stop from the following list:**

Center City West of Broad	Fairmount/Art Museum	University City/ West Phila	South Phila E of Broad	Center City Mid-section
<input type="checkbox"/> 15 th & Locust	<input type="checkbox"/> 18 th & Fairmount	<input type="checkbox"/> 31 st & Baring	<input type="checkbox"/> 2 nd & Bainbridge	<input type="checkbox"/> 4 th & Pine
<input type="checkbox"/> 15 th & Pine	<input type="checkbox"/> 21 st & Cherry	<input type="checkbox"/> 42 nd & Regent	<input type="checkbox"/> 2 nd & Christian	<input type="checkbox"/> 6 th & Pine
<input type="checkbox"/> 17 th & Lombard	<input type="checkbox"/> 21 st & Wallace	<input type="checkbox"/> 46 th & Larchwood	<input type="checkbox"/> 2 nd & Fitzwater	<input type="checkbox"/> 6 th & Spruce
<input type="checkbox"/> 18 th & Spruce	<input type="checkbox"/> 22 nd & Greene	<input type="checkbox"/> 46 th & Pine	<input type="checkbox"/> 2 nd & Queen	<input type="checkbox"/> 12 th & Pine
<input type="checkbox"/> 19 th & Walnut	<input type="checkbox"/> 22 nd & Mt. Vernon	<input type="checkbox"/> 47 th & Cedar	<input type="checkbox"/> 5 th & Fitzwater	<input type="checkbox"/> 12 th & Spruce
<input type="checkbox"/> 20 th & Lombard	<input type="checkbox"/> 22 nd & Race	<input type="checkbox"/> 47 th & Springfield	<input type="checkbox"/> 6 th & Lombard	
<input type="checkbox"/> 21 st & Locust	<input type="checkbox"/> 23 rd & Parrish	<input type="checkbox"/> 47 th & Windsor	<input type="checkbox"/> 7 th & Federal	
<input type="checkbox"/> 21 st & Lombard	<input type="checkbox"/> 24 th & Aspen	<input type="checkbox"/> Locust & St Marks	<input type="checkbox"/> 7 th & Fitzwater	
<input type="checkbox"/> 22 nd & Delancey	<input type="checkbox"/> 24 th & Parrish		<input type="checkbox"/> 10 th & Fitzwater	
<input type="checkbox"/> 23 rd & Spruce	<input type="checkbox"/> 29 th & Poplar		<input type="checkbox"/> 11 th & Federal	
<input type="checkbox"/> 24 th & Lombard	<input type="checkbox"/> Corinthian & Brown			
<input type="checkbox"/> 24 th & South				
<input type="checkbox"/> 25 th & Lombard				
Germantown/Mt Airy	Chestnut Hill	Northern Liberties	Narberth/Wynnewood	Bala Cynwyd
<input type="checkbox"/> 20 W Armat	<input type="checkbox"/> Ardleigh & Benezet	<input type="checkbox"/> 5 th & Girard	<input type="checkbox"/> Bowman & Valley View	<input type="checkbox"/> Bala & Bryn Mawr
<input type="checkbox"/> Allens & Bryan	<input type="checkbox"/> Ardleigh & E Mt Airy	<input type="checkbox"/> N 5 th & W George	<input type="checkbox"/> Meetinghouse & Prescott	<input type="checkbox"/> Levering Mill & Cambridge
	<input type="checkbox"/> Ardleigh & E Highland	<input type="checkbox"/> E Palmer & E Thompson	<input type="checkbox"/> Meetinghouse & Schiller	<input type="checkbox"/> Maple & Upland
<input type="checkbox"/> Crefeld & Springfield	<input type="checkbox"/> Boyer & Gowen	<input type="checkbox"/> Girard & Germantown	<input type="checkbox"/> N Wynnewood & Sabine	
<input type="checkbox"/> Cresheim & W Durham	<input type="checkbox"/> Navajo & W Highland	<input type="checkbox"/> N American & Fairmount	<input type="checkbox"/> Narberth Train Station	
<input type="checkbox"/> Greene & W Rittenhouse	<input type="checkbox"/> Seminole & Hartwell		<input type="checkbox"/> Penn & Sabine	
<input type="checkbox"/> Lincoln & W Durham			<input type="checkbox"/> Youngsford & Conshohocken	
<input type="checkbox"/> Locust & Magnolia				
<input type="checkbox"/> McCallum & W Ellet				
<input type="checkbox"/> McCallum & Westview				
<input type="checkbox"/> W Rittenhouse & Morris				
<input type="checkbox"/> W Sedgwick & Greene				
<input type="checkbox"/> Wayne & Carpenter				
<input type="checkbox"/> Wayne & W Upsal				
<input type="checkbox"/> Wolcott & Cornelia				

■ **If you do not live in or near any of the areas above, please contact campoffice@miquon.org.**

■ **If no one will be at home to meet your child, please sign the request below. The Camp Director must approve this request.**

I/We hereby request and authorize the Miquon Day Camp to leave my child without supervision at the above address at the end of the camp day. We believe this is a safe practice, having instructed my child about what to do in an emergency and relieve the camp of any further responsibility for my child's safety or wellbeing.

Signature: _____ Date: _____

Terms of Enrollment Agreement *Please read and sign below*

1. A completed application and a deposit of \$150 is required for each child attending Miquon Day Camp and is applied toward the total fee due on or before June 1th. The deposit and completed application, if accepted, reserves a place for your child in the summer program. No Child may attend camp unless the entire bill is paid in full. Camper's enrollment will be cancelled if a balance remains after June 1th for campers registered during weeks 1 through 4 and after July 8th for campers registered weeks 5 through 8. Applications submitted after June 1 must be paid in full.

Cancellation/Refund Policy

- If a cancellation occurs in writing before March 1, all monies, including the deposit shall be returned.
- If a cancellation occurs after March 1st, all monies, except the deposit shall be returned.
- No reimbursements will be made for any cancelled weeks/days after June 1th.
- We regret that we cannot reduce or refund fees for days missed due to lateness, illness, vacations, early withdrawal or other reasons. Our expenses for program and personnel assume a camper's enrollment for a complete session. 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.

2. **Transportation is available for children ages 4 and above.** Camp fees include transportation to and from a **SINGLE pick-up/drop off place** for each four-week session. Miquon reserves the right to deny transportation due to the pick-up/drop-off location of the camper. Please call or email us to check the availability of transportation in your area before sending your completed application. Families in congested parts of the city should expect group pick-up and drop-off sites. **We cannot guarantee a particular driver, type of vehicle, route of travel, or time of pick-up and drop-off.** Camp can sometimes accommodate special transportation requests but they can seldom be guaranteed prior to enrollment. Camp reserves the right to change drivers, routes, or vehicles when necessary, though such changes will be avoided whenever possible. For younger campers, a known adult **MUST** be present each afternoon at the drop-off address. The camp reserves the right to suspend or cancel transportation for any camper whose misbehavior on the vehicle, in the Director's judgment, endangers or persistently inconveniences of the campers. No refund will be made in such cases.

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

4. The camp reserves the rights 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 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. Clothing and other personal belongings should be marked with each camper's name.

6. Parents hereby authorize the camper's participation in all camp programs and activities, including off-site field trips.

7. Parents signature further gives the camp permission to use camper's likeness or image in camp publications, website, social media and videos.

8. *Bunkmate requests are granted based on appropriate age grouping (entering the same grade in the Fall) and a first-come, first serve basis. We work to accommodate but cannot guarantee all requests.

9. **For the health and safety of your child, the completed health form must be submitted to the camp nurse for review by June 1.** Your child will not be permitted to participate in camp activities if we have not received this form.

I/We have read all the terms and conditions on the website and on this application 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 camp. In the event I cannot be contacted in an emergency, I grant Miquon Day Camp permission to give my child immediate medical treatment and /or take my child to a hospital emergency room. I 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** _____