



Adventureland Day Camp

...Find Your True North

6401 Hulmeville Rd. Bensalem, Pa. 19020

Camp Phone: 215-757-9142
 Picnic Phone: 215-945-8620
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 Business Office: 6401 Hulmeville Rd
 Bensalem, Pa. 19020
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 Website: adventurelanddaycamp.com

2009 CAMPER APPLICATION

2009 PRICES (includes lunch and snacks)

	8 weeks	7 weeks	6 weeks	5 weeks	4 weeks	3 weeks	2 weeks	1 week
3, 4 & 5 year olds								
Full day	\$2720.00	\$2380.00	\$2040.00	\$1700.00	\$1360.00	\$1020.00	\$680.00	\$340.00
3 days a week	\$1680.00	\$1470.00	\$1260.00	\$1050.00	\$840.00	\$630.00	\$420.00	\$210.00
1ST thru 7th grade								
8 weeks	\$3345.00	\$2940.00	\$2520.00	\$2100.00	\$1680.00	\$1260.00	\$840.00	\$420.00
7 weeks								
6 weeks								
5 weeks								
4 weeks								
3 weeks								
2 weeks								
1 week								
8th and 9th grade								
8 weeks	\$3640.00	\$3185.00	\$2730.00	\$2275.00	\$1820.00	\$1365.00	\$910.00	\$455.00
7 weeks								
6 weeks								
5 weeks								
4 weeks								
3 weeks								
2 weeks								
1 week								

ADDITIONAL SERVICES AND CHARGES

TRANSPORTATION: Please add \$100.00 per week of attendance per child.

EXTENDED HOURS: (7:30 Am to 5:30 PM) please add \$50.00 per week of attendance per child.

PRIVATE TUTORING: Will be charged at a rate of \$15.00 per half hour

Private Swim Lessons and Sports Coaching: Will be charged at a rate of \$15.00 per half hour

DISCOUNTS AND BONUSES

Super, Super Discount Rate: A \$600.00 DEPOSIT received by November 1st insures a 15% DISCOUNT

Super Discount Rate: A \$600.00 DEPOSIT received by December 18th insures a 10% DISCOUNT

PIF Discount Rate: Tuition paid in full by December 18th insures a 20% DISCOUNT

Sibling Discount: Take off \$25 per week off the 2nd child's tuition- \$50 per week off the 3rd child's tuition

Referral Bonus: A \$25 bonus per week of attendance by a new camper that you have referred- will be awarded in Sept 2009

All Tuition must be paid in full by June 1st, 2009 or deposit will be returned.

Any applications received after June 1st, 2009 must be accompanied by payment in full

TERMS OF ENROLLMENT AGREEMENT

1. Signing this Enrollment Agreement constitutes acceptance of the terms below, and of financial responsibility for tuition and other published or agreed upon costs (i.e. Extended Hours, Tutoring, Pictures, etc)
2. Campers and parents agree to abide by rules and regulations set by the Directors for health, safety and welfare of campers.
3. Adventureland Day Camp, Inc. is not responsible for camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft or otherwise. Adventureland will make every reasonable effort to prevent such losses.
4. Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the **unused** camp fee will be refunded.
5. Final transportation & group assignments will be made when **all tuition is paid in full**.
6. Special requests are honored if deemed in the best interest of the camper, group and the camp, and must be submitted in writing. All requests are subjected to the Director's approval. (This includes transportation requests.)
7. Parent's signature further gives camp permission to use camper's likeness or image in camp publication.
8. Parent's signature further gives permission for camper to participate in special programs and activities (i.e. trips)
9. Payments of **ALL TUITION MUST** be made by 6/1/2009 or your child may not attend camp. However, if you (the undersigned) have a change in plans (i.e. vacation), Adventureland will cheerfully refund the difference between the number of weeks paid for and the number of weeks your child/ren attended. **Individual days of absence are not refundable.**
10. If you wish to increase the number of weeks your camper/s will actually attend, you will be liable for the difference between the number of weeks paid for and the number of weeks actually attended.

ENROLLMENT DEPOSIT/PAYMENT

Enclose please find a deposit in the amount of _____ for _____ (child's/children's names)

Payment Method: CHECK # _____ Mastercard or Visa # _____ Exp. Date _____

BILLING ADDRESS: _____ ZIP CODE _____

Parent's or Guardian's Signature: _____ Date: _____

REFERRAL INFORMATION

I have referred the _____ family at _____ City _____ St. _____ Zip _____

I have been referred to Adventureland by the _____ family

HOW DID YOU HEAR ABOUT ADVENTURELAND?

FRIEND _____ INTERNET _____ NEWSPAPER (NAME) _____ DIRECT MAIL _____

2009 CAMP CALENDAR

Week # 1 Mon 6/29 To Fri 7/3 First Day	Week # 2 Mon 7/6 To Fri 7/10	Week # 3 Mon 7/13 To Fri 7/17	Week # 4 Mon 7/20 To Fri 7/24	Week # 5 Mon 7/27 To Fri 7/31	Week # 6 Mon 8/3 To Fri 8/7	Week # 7 Mon 8/10 To Fri 8/14	Week # 8 Mon 8/17 To Fri 8/21 Last Day
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Essential Camper Information

Mailing Address:

Father's Name: _____ Mother's Name _____
 Home/ Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers:

Mother's home phone: _____ Father's home phone: _____
 Mother's work/cell phone: _____ Father's work/cell phone: _____
 Email: _____ Doctor's Name & phone: _____
 Emergency contact: Name and Phone# _____
 Security password (very important) _____

Transportation Information

Camper/s requires transportation By Adventureland AT THE ADDED COST OF \$100.00 PER WEEK PER CAMPER

YES _____

Transportation Address:

Street _____ City _____ State _____ Zip _____
 Household Name _____ Phone # _____
 Neighborhood or Development _____ Nearest large intersection _____

Self-transportation Information

1. I will transport my child/ren myself during the times specified YES _____ (Drop off at camp – 9:10 to 9:25 AM – Pick up at camp – 4:10 to 4:25 PM). I am interested in carpooling information. YES _____ NO _____

Extended Hours Information

1. My camper needs additional care at the extra cost of \$50.00 PER CHILD PER WEEK. YES _____ NO _____
 AM Drop Off Time (not before 7:30 AM): _____ PM Pick Up Time (not after 5:30 PM): _____

Camper #1

First Name _____ Last Name _____ # of years attending Adventureland _____
 Birth Date ___/___/___ Age as of June 1st 2009 ___ Yrs ___ Mths Male ___ Female ___ Grade as of Sept. '09 _____

Number of weeks desired

Please circle the weeks attending) 1st wk 2nd wk 3rd wk 4th wk 5th wk 6th wk 7th wk 8th wk
 Please circle #of days a week if not 5: 4days 3days 2days 1 day Please circle Days : Mon. Tues. Wed. Thurs. Fri.

Grouping requests: Place my child with _____ not with _____

My camper has the following needs, restrictions and/or limitations

Food/Diet _____ Needs medications during camp (circle one) YES NO
 Allergies _____ Other Concerns _____

T-Shirt Size (supplied by Adventureland for picture day) please circle one

Child Size: ex-small (2-4) small (6-8) medium (10-12) large (14-16) Teen Size: small (34-36) medium (38-40) large (42-44)

Camper #2 - Sibling discount - Take off \$25 per week off the 2nd child's tuition- \$50 per week off the 3rd child's tuition

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 Birth Date ___/___/___ Age as of June 1st 2009 ___ Yrs ___ Mths Male ___ Female ___ Grade as of Sept. '09 _____

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