



Adventureland Day Camp

... Find Your True North
 6401 Hulmeville Rd. Bensalem, Pa. 19020
2010 CAMPER APPLICATION

Camp Phone: 215-757-9142
 Picnic Phone: 215-945-8620
 Fax: 215-757-9483
 Business Office: 6401 Hulmeville Rd
 Bensalem, Pa. 19020
 e-mail: adaycamp@aol.com
 Website: adventurelanddaycamp.com

2010 PRICES (includes lunch and snacks)

3, 4 & 5 year olds	8 weeks	7 weeks	6 weeks	5 weeks	4 weeks	3 weeks	2 weeks	1 week
	\$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 9th grade	8 weeks	7 weeks	6 weeks	5 weeks	4 weeks	3 weeks	2 weeks	1 week
	\$3345.00	\$2940.00	\$2520.00	\$2100.00	\$1680.00	\$1260.00	\$840.00	\$420.00
3 days a week	\$2040.00	\$17850.00	\$1530.00	\$1275.00	\$1020.00	\$765.00	\$510.00	\$255.00

ADDITIONAL SERVICES AND CHARGES

- TRANSPORTATION:** Please add \$100.00 per week (\$20 per day) of attendance per child.
EXTENDED HOURS: (7:30 Am to 5:30 PM) please add \$50.00 per week (\$10 per day) 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 \$5 per day off the 2nd child's tuition- \$10 per day off the 3rd child's tuition
Referral Bonus: A \$5 bonus per day of attendance by a new camper that you have referred- will be awarded in Sept 2010
All Tuition must be paid in full by June 1st, 2010 or deposit will be returned.
Any applications received after June 1st, 2010 must be accompanied by payment in full

Week # 1 Mon 6/21 To Fri 6/25 First Day	Week # 2 Mon 6/28 To Fri 7/2	Week # 3 Mon 7/5 To Fri 7/9	Week # 4 Mon 7/12 To Fri 7/16	Week # 5 Mon 7/19 To Fri 7/23	Week # 6 Mon 7/26 To Fri 7/30	Week # 7 Mon 8/2 To Fri 8/6	Week # 8 Mon 8/9 To Fri 8/13 Last Day	Week # 9 Mon 8/16 To Fri 8/20 mini camp	Week # 10 Mon 8/23 To Fri 8/27 mini camp
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TERMS OF ENROLLMENT AGREEMENT

- 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)
- Campers and parents agree to abide by rules and regulations set by the Directors for health, safety and welfare of campers.
- 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.
- 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.
- Final transportation & group assignments will be made when **all tuition is paid in full.**
- 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.)
- Parent's signature further gives camp permission to use camper's likeness or image in camp publication.
- Parent's signature further gives permission for camper to participate in special programs and activities (i.e. trips)
- Payments of **ALL TUITION MUST** be made by 6/1/2010 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.**
- 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 _____

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

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 2010 ____ Yrs ____ Mths Male ____ Female ____ Grade as of Sept. '10 _____

Number of weeks/days desired

Please circle the weeks attending Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8
6/21-6/25 6/28-7/2 7/5-7/9 7/12-7/16 7/19-7/23 7/26-7/30 8/2-8/6 8/9-8/13

Please circle #of days of the week attending **if not all 5 days:** 4 days 3 days 2 days 1 day

Please circle the days of the week required **if not all 5 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

First Name _____ Last Name _____ # of years attending Adventureland _____
Birth Date ____/____/____ Age as of June 1st 2010 ____ Yrs ____ Mth Male ____ Female ____ Grade as of Sept. '10 _____

Number of weeks/days desired

Please circle the weeks attending Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8
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Mini Camp 2010

Adventureland is offering two additional weeks of camp at the cost of \$200 per week, per camper. Lunch and transportation are **NOT** included.

Please sign up my camper/s _____ and _____ for mini camp.

Number of weeks desired

Please circle the weeks attending Week 9 Week 10

8/16-8/20 8/23-8/27

My camper/s also require extended care at the additional cost of \$50 per week per child _____ Yes