

Pope John Paul II Community Summer Day Camp

Forms may be sent into school or mailed to PJPII Attn Terry Altschuler, 2875 Manor Road, West Brandywine, PA 19320

Family Name: _____ SCHOOL _____

Child(ren)'s name(s) _____ Grade _____ in 9/10 Name _____ Grade _____ in 9/10

Name _____ Grade _____ in 9/10 Name _____ Grade _____ in 9/10

Address: _____ City : _____ State _____ Zip: _____

e-mail _____ (**mandatory for communication**)

H Phone: _____ W-Phone: _____ Emergency Contact: _____

Cell Phone: _____ Emergency Phone: _____ Medical Concerns _____

I hereby release and discharge Pope John Paul II Regional Catholic Elementary School ("JPPII"), its, employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at JPPII. I authorize JPPII, its employees, staff members and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge JPPII from any responsibility or liability related thereto. I allow PJPII camp permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/Guardian Signature: _____

***** Registration will not be accepted without a properly signed waiver *****

For more information, please contact Terry Altschuler * 610-384-5961 ext. 5410 email pjp2fac@aol.com

PAYMENT INFORMATION

Please check all weeks attending: June 14 _____ June 21 _____ June 28 _____ July 5 _____

Week of July 12th ** NO CAMP July 19 _____ July 26 _____ Aug 2 _____ Aug 9 _____ Aug 16 _____

FULL DAY 9am –3 pm

1st Child Number of weeks _____ @ \$195 per week _____ # of additional children _____ Number of weeks _____ @ \$175 each _____ per week

HALF DAY 9am –12pm

1st Child Number of weeks _____ @ \$115 per week _____ # of additional children _____ Number of weeks _____ @ \$100 each _____ per week

EXTENDED DAY

AM Extended day 7 –9 am (time of drop off) _____ PM extended day 3-5:30 pm (pick up time) _____

Number of weeks @ \$20 AM per week each _____ 1st child _____ \$20 PM per week _____ \$30 per week both AM/PM _____

Number of additional child(ren) @\$15 AM _____ \$15 per week PM _____ \$20 per week both AM/ PM

Make Checks Payable to PJPII Amount Enclosed: \$ _____ Refund Policy: Less than 1 weeks notice of a cancellation will result in a \$25 administration fee per camper.

_____ Cash _____ Check # _____ Credit Card # _____

Exp. Date: _____ Print Name on card: _____

Signature of cardholder: _____

