

# OVERLOOK DAY CAMP

This registration form must be received with your **\$50 NON-REFUNDABLE DEPOSIT PER SESSION** before your child may be registered for any session. Phone calls will not be accepted to hold spaces. Full balance is due three (3) weeks prior to the start of each session and if not paid child will not participate in that session. Sessions are limited to 55 participants for Youth Day Camp per week. Child must be potty trained. **PLEASE COMPLETE ALL INFORMATION AND SIGN!**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Entering Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Male / Female Resident of Manheim Twp? Yes / No

Home Phone Number \_\_\_\_\_ Emergency Name & Number \_\_\_\_\_

Father: Daytime Number \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother: Daytime Number \_\_\_\_\_ Mother's Name \_\_\_\_\_

E-mail: \_\_\_\_\_

**CHECK EACH SESSION YOU ARE REGISTERING FOR:** Parents may also choose from the following AM and/or PM Supervision sessions:

### REGULAR SESSION (9 AM to 3 PM)

**R - \$135, NR - \$145 per session\***

[\*Session 4 - R - \$110, NR - \$120]

- Session 1 6/11 to 6/15
- Session 2 6/18 to 6/22
- Session 3 6/25 to 6/29
- Session 4\* 7/2 to 7/6 < No 7/4 >
- Session 5 7/9 to 7/13
- Session 6 7/16 to 7/20
- Session 7 7/23 to 7/27
- Session 8 7/30 to 8/3
- Session 9 8/6 to 8/10
- Session 10 8/13 to 8/17

### AM SUPERVISION (7 to 9 AM)

**R - \$30, NR - \$35 per session\***

[\*Session 4 - R - \$25 NR - \$30]

- Session 1 - AM
- Session 2 - AM
- Session 3 - AM
- Session 4\* - AM < No 7/4 >
- Session 5 - AM
- Session 6 - AM
- Session 7 - AM
- Session 8 - AM
- Session 9 - AM
- Session 10 - AM

### PM SUPERVISION (3 to 6 PM)

**R - \$35, NR - \$40 per session\***

[\*Session 4 - R - \$30, NR - \$35]

- Session 1 - PM
- Session 2 - PM
- Session 3 - PM
- Session 4\* - PM < No 7/4 >
- Session 5 - PM
- Session 6 - PM
- Session 7 - PM
- Session 8 - PM
- Session 9 - PM
- Session 10 - PM

**Medical Information** - My child has the following allergies, physical, and or dietary restrictions: \_\_\_\_\_

**Special Accommodations** - In order to participate, my child has the following support needs: \_\_\_\_\_

### IN CASE OF MEDICAL EMERGENCY

I understand that every effort will be made to contact the parents and/or guardians of the camper. In the event that I cannot be reached, I hereby give my permission to the physician selected by the Camp Director to hospitalize and/or secure proper treatment for my child, as named on this application form.

### MANHEIM TOWNSHIP RECREATION & PARK PLANNING GENERAL AGREEMENT

The Day Camp Director and Counselors will use every reasonable precaution to prevent accidents, however, they will not be responsible for medical, dental, hospital expenses or damages of any kind incurred due to accidents occurring during the program. All parents are encouraged and advised to provide accident insurance for their children with coverage prior to, during and following participation in the day camp program. Such coverage is generally available through a family employer or student accident insurance.

I understand and agree to the above and request that my child be allowed to participate in the OVERLOOK DAY CAMP. I agree that neither the Manheim Township Recreation & Park Planning Department, Manheim Township, nor the Manheim Township School District and its instructors, administrators, agents, and employees shall be held responsible for any injury to my child during the program or while going to or from any session, regardless of the cause.

I permit MTRD to use any photographs or videotape of me or my child(ren) for promotional purposes.

**I understand the balance of all session fees are due two weeks prior to the start of each session. If payment is not received, I forfeit my deposit and my child will not be able to participate in the program. CAMP CANCELLATION POLICY:** In order to allow maximum participation for all camp participants we have adopted our refund policy. **No exceptions** other than medical related issues can be made. You do have the option to transfer your child to a week with availability without a penalty.

- If you cancel less than 15-21 days prior to the camp start date – 50% Refund less \$50 Non-Refundable Deposit
- If you cancel less than 0-14 days prior to the camp start date – No Refund

We understand that medical issues can occur. In order to receive a full refund, please submit a written excuse from the child's physician stating the reason why he/she cannot participate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHONE NO. 290-7180, Ext. 3100 or FAX NO. 393-4221 - CREDIT CARDS ONLY!** VISA/MasterCard/Discover # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_



Signature (FAX ONLY!) \_\_\_\_\_ Card Holder Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

**FOR OFFICE USE:** Date Rec'd. \_\_\_\_\_ Rec'd. By \_\_\_\_\_ Mail / Walk-In / Fax \_\_\_\_\_ Check / Cash / Charge \_\_\_\_\_ PD. DEPOSIT \$ \_\_\_\_\_ BAL. DUE \$ \_\_\_\_\_