

<u>Summer Camp</u> Enrollment Application Form 2016

Name of child:	В	irthday:	M / F (please circle)			
Grade in Fall 2016	С	urrent School				
T-Shirt Size S / M / L / XL (circle)						
Address						
City State	Zip					
Parent/Guardian		Relationship to	child			
Home phone	Cell phone		Work phone			
E-mail						
Employer		Occupation				
Parent/Guardian	Relationship to child					
Home phone	Cell phone		Work phone			
E-mail						
Employer		Occupation				
Optional:						
My child is receiving early intervention services or has an IEP: Yes No						
My family's home language is:		A translator would	ld be helpful: Yes No			
Application fee of \$35 and Tuition <u>deposit is applied to your child's las</u> 2016 will receive priority enrollment child's age group, the tuition deposit	<i>t session of camp</i> . En termination of the session	nrollment applicat	ions received by March 21,			
Name:		Signature: Date:				



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Application fee of \$35 and Tuition Deposit of \$495 must accompany this enrollment form. *The tuition deposit is applied to your child's last session of camp.*

Name of Child _____

Please check **all weeks** your camper will attend. (one session = both weeks except session 1)

Session	Theme	Week 1	Week 2	Single Week Rate	Session Rate
1	Jumpstart with Art	□ 6/27- 7/1		\$290.00	\$290.00
2	Sports for All Sports	□ 7/5- 7/8	□ 7/11- 7/15	\$290.00	\$495.00
3	Splish-Splash	□ 7/18- 7/22	□ 7/25- 7/29	\$290.00	\$495.00
4	Shining Stars	□ 8/1- 8/5	□ 8/8- 8/12	\$290.00	\$495.00
5	Rhyme and Reason	□ 8/15- 8/19	□ 8/22- 8/26	\$290.00	\$495.00

PLEASE ENCLOSE:
Application Fee \$35.00
Tuition Deposit of \$495.00

TOTAL

\$_____

□ Cash □ Check # _____

PIC accepts Mastercard, VISA, and debit cards (Credit cards have a 2% surcharge) *Contact Accounts Manager Safia Abdullah for details (215-222-5480 ext. 302).*

□ check if you have CCIS; (Please note that PIC MUST hear directly from CCIS before camp begins.)

PLEASE SIGN BELOW:

I understand that if I cancel registration before April 29, 2016, all <u>tuition</u> payments will be returned. If I withdraw before May 13, 2016, I will receive a 75% refund; if I withdraw by May 27, 2016, I will receive a 50% refund. I understand that there are no refunds after May 27, 2016, and that Application fees are not refundable. I understand that if I want to switch sessions or weeks after May 27, this may be done only if space is available. I understand that payment is required for all sessions reserved, even if my child does not attend.

Parent/Guardian Signature: _____

Date:_