



Camp Concepts

'Camps that Care'

www.campconcepts.org

Office: 560 Center St. Warrington, Pa. 18976

Phone: 267-261-4102 Fax: 215-491-3259

Email: campconcepts@comcast.net

EXPRESSIONS Summer Camp Registration Form - 2010

CAMPER INFORMATION

Camper Name: _____ M/F _____

Date of Birth ___/___/___ Age: _____ School: _____ Grade Completed: _____
At start of camp at start of camp

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Primary Mailing Address: _____

Home Phone: _____ Cell Phone: Mother: _____ Father: _____

Primary Email Address: _____

Please print clearly

EMERGENCY INFORMATION:

The information on this card is confidential. We want to be able to provide the best possible care to your child in the unlikely event of an emergency.

Name of Additional Emergency

Contact Person: _____ Phone: _____

Permission to transport:

In the event of serious injury, I, hereby authorize the camp to call an ambulance or transport my child to the nearest medical facility. Yes No Checking "yes" gives permission.

Please list any known allergies (including food) _____

Please list any regular medication taken: _____
Including any behavioral modification medication- please list daily dose amount

Do you give permission for your child to be given: Tylenol Ibuprofen Benadryl Tums or Pepto

Does your child carry an inhaler? Yes No

Does your child carry an Epi-pen? Yes No (if yes, parent must provide Epi-pen)

Does your child have: Asthma Diabetes If so, how is it regulated? _____

Does your child know how to swim? Yes No

Does your child have any other medical issues that the camp should be aware of? _____

FAMILY INSURANCE INFORMATION

Medical Insurance Provider: _____ Policy holder: _____

Group or policy number: _____

FAMILY PHYSICIAN

Name of Practice or Group: _____

Name of Physician: _____ Telephone Number: _____

Date of last physical: _____

We want to provide the best care for your child while they are with us at camp. Accurate and detailed information will help us better serve the needs of your child. Please share anything we should know about your child's behavioral, medical, physical or mental health.

DATES & RATES

TUITION:

Preschool (half day) Camp (4&5yr olds):
 9:00 a.m. -11:30 a.m. - \$210 per week
Lunch not included,snack only
 + \$25 registration fee*

Junior Camp (6 -12 yrs) & Teen Camp (13-16yrs) Program Rate:
 9:00 a.m. - 2:45 p.m. - \$525 per week
Lunch and snack included
 + \$25 registration fee*

Extended Day Care
 P.M. Extended Care: 2:45 p.m.-5:30 p.m.
 \$85 a week for 5 days
 \$25 occasional day
Snack included

DISCOUNTS

Multi-Week Discount: There is a \$100 discount for campers who sign up for at least 4 weeks of camp. There is an **additional** \$100 discount for those campers who sign up for all 6 weeks of camp. *These discounts do not apply to "mini-campers."

Sibling discount: A \$15 sibling discount will be applied for the second and subsequent members registering from the same family for any of our Camp Concepts camps.

Tuesday, July 6* through Friday, August 13, 2010.

*Note: Camp is closed on Monday, July 5.

<input type="checkbox"/> Week One: July 6 – July 9 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care	<input type="checkbox"/> Week Four: July 26 – July 30 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care
<input type="checkbox"/> Week Two: July 12 – July 16 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care	<input type="checkbox"/> Week Five: Aug 2 – Aug 6 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care
<input type="checkbox"/> Week Three: July 19 – July 23 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care	<input type="checkbox"/> Week Six: Aug 9 – Aug 13 <input type="radio"/> Junior/Teen Camp - 5 full days <input type="radio"/> Pre-school camp (4 & 5yrs) 5 half days <input type="radio"/> p.m. extended care

Non-Refundable Tuition Deposit of \$200 plus a \$25 registration fee assessed, once per family, is required with registration. Mail check to office address on front.

You can also register and pay your deposit and/or balance on line using our secure payment processing center at www.campconcepts.org.

BALANCE OF TUITION DUE BY MAY 31st, 2010

If you are a RETURNING camper:

You are already accepted into the program. No need to set up another interview with Stephanie De Souza. Simply fill out this form or log onto the Camp Concepts website using your online registration and password information from last year. (*If you cannot remember your password or login information or are having difficulty logging in, please contact our office manager, Ruth Haines at 267-261-4102 or email her at campconcepts@comcast.net.*) Select your weeks, mail this form and your \$200 deposit and \$25 application fee to our office at: 560 Center Street, Warrington, PA 18976 to hold your spot at camp. **Total balance of camp tuition is due no later than May 31, 2010.** If you are awaiting scholarship monies it is advisable that you pay the entire camp tuition and, once the scholarship check arrives, we will reimburse you immediately.

Next, you will need to provide Stephanie with an updated IEP and/or Progress Report as well as our own required forms: [Child History Form](#), [Permission to Exchange Information Form](#), and [Signed Letter of Understanding/Behavioral Contract](#). You can print these forms out from our website at www.campconcepts.org. Send these forms to Stephanie DeSouza, **as soon as possible**, at 1272 Knox Road, Yardley, PA, 19067.

FINAL PAYMENTS - Either log into your account in order to make payments or mail checks to our office at 560 Center Street, Warrington, PA 18976.

If you are a NEW camper:

Do not register online until you follow the steps below.

FIRST: DOCUMENTS

MAIL an updated IEP, Progress Report, and the 3 forms listed below (print out from our website and fill in) to:
Stephanie DeSouza
1272 Knox Road,
Yardley, PA 19067

Stephanie **MUST** receive these **BEFORE** an interview can take place.

[Child History Form](#)
[Permission to Exchange Information Form](#) allowing our social skills staff to speak to teachers or other professionals on an as-needed basis
[Signed Letter of Understanding/Behavioral Contract](#)

SECOND: INTERVIEW

Once Stephanie has received your paperwork, she will contact you to set up an interview with YOU and YOUR CHILD. Interviews will begin in January 2010.

THIRD: REGISTER

Once your child/children has/have been accepted, REGISTER AND PAY ONLINE or fill out this form and mail your \$200 deposit and your \$25 application fee to our office at: 560 Center Street, Warrington, PA 18976 or, log onto www.campconcepts.org to use our secure payment center online. **Total balance of camp tuition is due no later than May 31, 2010.** If you are awaiting scholarship monies it is advisable that you pay the entire camp tuition and, once the scholarship check arrives, we will reimburse you immediately.

Feel free to contact Stephanie DeSouza with any questions throughout this process at 267-258-3974 or stephdesouza@aol.com.

