



Twin Spring Farm Day Camp

1632 East Butler Pike

Ambler, PA 19002

(215) 646-2665

www.twinspringfarm.com - info@twinspringfarm.com

APPLICATION FOR ADMISSION

Reservations are not held without a \$250.00 deposit and this completed application.

Camp Year _____

Camper _____
(Last Name) (First Name) (Middle Name) (Nick Name)

Address _____
(Street) (Home Phone) (Sex)

(City) (State) (Zip) (Date of Birth M D Y) SS #

School District: _____ School Attending: _____ Grade Entering: _____ Age at June 1st _____

Previous Camps Attended: _____ Number of Years: _____

Parents Are: Single Married Separated Divorced Widowed Remarried Partnered

Parent or Guardian Information

1.		2.	
<small>(name)</small>	<small>(relationship to camper)</small>	<small>(name)</small>	<small>(relationship to camper)</small>
<small>(cell phone)</small>	<small>(email address)</small>	<small>(cell phone)</small>	<small>(email address)</small>
<small>(home address if different from above)</small>	<small>(home phone)</small>	<small>(home address if different from above)</small>	<small>(home phone)</small>
<small>(name of employer)</small>		<small>(name of employer)</small>	
<small>(nature of business)</small>		<small>(nature of business)</small>	
<small>(position held)</small>	<small>(work phone)</small>	<small>(position held)</small>	<small>(work phone)</small>

Please List Other Children in Family

Name	Age	School Attending	Camp Attending

Paternal Grandparents

Maternal Grandparents

<small>(name)</small>	<small>(phone)</small>	<small>(name)</small>	<small>(phone)</small>
<small>(address)</small>		<small>(address)</small>	

Has applicant any history of an unusual experience, physical or emotional, which has required treatment, concern, or which would require special consideration as a camper of this camp? If "yes", please attach a separate explanation. (yes no) Withholding such information can be a handicap in your child's development if the camp is unaware of any individual needs. All information is confidential to this camp and not transferred to any source without your written consent.

Special Conditions or Allergies that may require special considerations at camp. (please attach a separate sheet of paper if required)

Referred to camp by: _____ Bunkmate request: _____

Office Use Only: Approved TSF Account # _____

Name: _____ Check Date: _____ Postal Date: _____ Deposit \$ _____ CK # _____

Enrollment Selection:

A minimum of twenty (20) days is required for all enrollments.

Weeks Attending (check each) Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Days Attending (check all that apply)

M. T. W. Th. F.

Program Day:

3/4 Full Combo

Extended Hours:

AM PM None

Transportation:

AM PM None

\$250.00 deposit included Total Weeks _____ X Weekly Tuition Price \$_____ = Total Tuition \$_____

Note: To calculate weekly tuition price when selecting less than five days. Divide appropriate weekly tuition by 5 and multiply this result by the number of days selected.

Enrollment Terms

- A \$250.00 Deposit is required for each child to reserve a place in camp. The deposit will be credited on the tuition bill. It is not refundable or transferable in case of withdrawal.
- Applicants are accepted for the camp period designated below and full tuition for this period must be paid in full by May 1st. After May 1st the tuition will be changed to the current tuition fees. No refunds after June 1st.
- There will be no reductions or abatement of the camper's tuition and fees by reason of the absence, withdrawal, suspension or dismissal of a camper. If said absence, withdrawal, suspension or dismissal occurs prior to payment of any changes or tuition, said tuition and subsequent charges, if any, are still due and payable. The camp reserves the right at all times and for any cause that it may consider sufficient to suspend, dismiss, or demand the withdrawal of a camper whose physical or mental condition, conduct, influence or behavior, or parental influence is deemed unsatisfactory or detrimental to the best interest of the camp.
- The camper and parents agree to abide by the rules and regulations set forth by TSFDC for the health, safety and welfare of the campers.
- Camp uniform is required for all campers and staff members.
- The campers must be covered by medical and hospitalization insurance provided by the parent or guardian for the duration of the camp season.
- No awards, certificates, or credentials of any kind may be issued to a camper whose account is not paid in full at the end of the camping period.
- Permission is hereby granted the camp to transport my child to off-premise activities. No notification of trips is made as some are spontaneous. Regular ones are on the calendar.
- Permission is hereby granted the camp to reprint any photographs, CD, DVD, VHS, TSF internet web site or like technology in which my child may appear.
- Permission is hereby granted the camp to contact camper's school/teacher for recommendations concerning applicant.
- Permission is granted that information about my child can be shared with Twin Spring Farm Day Camp Staff for the well being of my child.
- Transportation is arranged only after tuition is paid in full. No credit is available for doing your own transportation. Transportation arrangements must coordinate with the established bus/car routes when enrolling after camp season starts. Transportation is to one (1) bus stop. Additional bus stops will be a \$100.00 charge.

I/we elect to enroll our child for the upcoming camp season. Upon acceptance of this application and the enrollment of the child named herein, I/We hereby agree to pay the tuition set by this enrollment for the _____ year camp season, for the enrollment selected as indicated above.

Two hundred and fifty dollars (\$250.00) deposit is paid herewith and the balance I agree to pay by May 1st prior to the start of the camp session, and understand if not received by May 1st, the tuition fees will be adjusted to the most current tuition and may include late fees. Decreased enrollment reservations: after June 1st of the current season will be billed at the present year tuition fees.

- Notes:
- Orientation Day for campers and parent is by appointment the Saturday before camp only.
 - Extending enrollment, greater than dates indicated, will be charged at the tuition rate at the time of application.
 - NON-SUFFICIENT FUND CHECKS - \$35.00 PER DEPOSIT.
 - PAST DUE SERVICE CHARGE ON THE UNPAID BALANCE AFTER MAY 1st IS \$25.00 PER MONTH.

In making this application, I subscribe for the duration of the applicant's enrollment at the camp to the terms and regulations of the camp as set forth in its publication and notices and assume full liability for all indebtedness incurred on account of tuition and purchases, etc. by the applicant. I understand that acceptance is contingent upon receipt of satisfactory health and personal history forms.

I (we) have read the TERMS OF ENROLLMENT and have affixed our signatures thereto.

Signatures of both Parents or Guardians

X _____ Date: _____

X _____ Date: _____

Twin Spring Farm Day Camp

1632 East Butler Pike, Ambler, PA 19002
215-646-2665

AUTHORIZATION FOR MEDICAL TREATMENT

This form must be complete and on file before your child may begin camp.

Name of Child: _____ Date of Birth: _____

Names of Parents or Guardians: 1. _____ 2. _____

Address: _____
(street) (city) (state) (zip)

1. Parent or Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent or Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact:

1. _____
Name Address Phone #

2. _____
Name Address Phone #

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Eye Doctor _____ Phone # _____

Emergency Authorization and Assumption of Risk

I understand that part of the camping experience involves activities and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that he or she will obey them.

As parent/legal guardian of _____, I empower any duly authorized agent or employee of, or contractor with Twin Spring Farm, in the event of accident or sudden illness to my child, to accompany said child to the nearest facility offering medical services. I further empower said agent or employee, on my behalf and on behalf of my child, until I have been notified and my consent obtained, to authorize said medical facility to perform any and all procedures dictated by the situation. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

Signature of Parent/Guardian

Date

Insurance Information

Photocopy of front and back of health insurance card must be attached to this form.

I/We the parent(s) or guardian(s) of the enrolling camper, certify that the camper is covered by adequate medical/hospitalization insurance for the duration of the camp season. I/We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical/hospitalization insurance....

Insurance Company: _____ Policy # _____

Signature of Parent/Guardian

Date

TWIN SPRING FARM DAY CAMP PERSONAL HISTORY FORM

Camper Name _____ Birthdate _____ Present School Grade _____

1. Has applicant any history, physical or emotional, which has required treatment or concern? Respond yes or no _____.
If yes, please write an explanation below and attach additional related information.

2. Has the applicant been diagnosed as having Attention Deficit Disorder? Respond yes or no _____.
If yes, please write an explanation below.

3. Has the applicant been diagnosed as having Attention Deficit Hyperactivity Disorder? Respond yes or no _____.
If yes, please write an explanation below.

4. Has applicant been diagnosed as having Auditory Processing Deficit? Respond yes or no _____.
If yes, please write an explanation below.

5. Has applicant previously been treated for or is now engaged in counseling service, specialized classroom setting or any supportive care? Respond yes or no _____. If yes, please provide a written explanation and attach additional related information.

6. Is applicant taking any type of medication regularly for any of the above needs? Respond yes or no _____. If yes, please advise name of medication _____. Is applicant taking medication for any other need? Respond yes or no _____. If yes, please advise name of medication _____.

7. Considering any of the above, will this applicant be able to function adequately and socially in our program? Respond yes or no _____.

In accordance with the information noted on this form, we may require a Teacher's Confidential Recommendation to be completed by your child's present teacher. This information will assist us in proper placement and/or determine if our program is suited for your child. Withholding or falsely stating information can be a handicap in your child's development. Guidance and program development cannot be enhanced if the organization is unaware of any personal history that may affect your child's participation in our program. Be assured all information is confidential to this organization and not transferred to any other source without parental consent. Any parent withholding such information will forfeit all possible consideration should it be necessary to suspend, dismiss or demand withdrawal of applicant enrolled on this application.

Parent or Guardian signature _____ Date _____

Parent or Guardian signature _____ Date _____