

CAMPER REGISTRATION FORM

**REGISTRATION ENDS MAY 21ST
ALL FORMS AND PAYMENTS DUE NO
LATER THAN MAY 21ST**

STEP #1: CAMPER AND FAMILY INFORMATION

Camper's Name: _____ D.O.B: ___ / ___ / ___ Gender: _____
Home Address: _____
City, County, State, Zip: _____
Home Phone #: _____ Email: _____
Name of School: _____ Grade in September, 2010: _____
How did you find out about Paradise Farm Camps? _____

Mother's Name: _____ Father's Name: _____
Mother's Employer: _____ Work #: _____ Cell #: _____
Father's Employer: _____ Work #: _____ Cell #: _____

Child resides with: Mother and Father Mother Father Other (please explain below)
Guardian's Name: _____ Phone #: _____ Cell #: _____
Address: _____ City, County, State, Zip: _____
Employer: _____ Work #: _____

STEP #2: EMERGENCY CONTACTS

Please list two people who could be contacted in case of emergency, in the event we cannot reach parents:

Emergency Contact #1: _____ Relationship: _____
Home Phone #: _____ Work or Cell #: _____

Emergency Contact #1: _____ Relationship: _____
Home Phone #: _____ Work or Cell #: _____

STEP #3: CHOOSE YOUR PROGRAMS

JR. CAMP (AGES 5-7)

SESSION PRICE 295

Session #1 June 21 June 25
Session #2 June 28 July 2
Session #3 July 5 July 9
Session #4 July 12 July 16
Session #5 July 19 July 23
Session #6 July 26 July 30
Session #7 August 2 August 6
Session #8 August 9 August 13

DAY CAMP (AGES 8-12)

SESSION PRICE 295

Session #1 June 21 June 25
Session #2 June 28 July 2
Session #3 July 5 July 9
Session #4 July 12 July 16
Session #5 July 19 July 23
Session #6 July 26 July 30
Session #7 August 2 August 6
Session #8 August 9 August 13

TEEN CAMP (AGES 13 - 16)

SESSION PRICE 350

Session #1 June 21 June 25
Session #2 June 28 July 2
Session #3 July 5 July 9
Session #4 July 12 July 16
Session #5 July 19 July 23
Session #6 July 26 July 30
Session #7 August 2 August 6
Session #8 August 9 August 13

I would like to request that my child is placed in the same group as: _____

My Child has a sibling at camp his/her name is: _____

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STEP #4: OPTIONAL PROGRAMMING

Extendend Care - \$60/Session

Session #1	June 21	June 25	<input type="checkbox"/>
Session #2	June 28	July 2	<input type="checkbox"/>
Session #3	July 5	July 9	<input type="checkbox"/>
Session #4	July 12	July 16	<input type="checkbox"/>
Session #5	July 19	July 23	<input type="checkbox"/>
Session #6	July 26	July 30	<input type="checkbox"/>
Session #7	August 2	August 6	<input type="checkbox"/>
Session #8	August 9	August 13	<input type="checkbox"/>

Transportation 65/Session

Great Valley West Chester

Session #1	June 21	June 25	<input type="checkbox"/>	<input type="checkbox"/>
Session #2	June 28	July 2	<input type="checkbox"/>	<input type="checkbox"/>
Session #3	July 5	July 9	<input type="checkbox"/>	<input type="checkbox"/>
Session #4	July 12	July 16	<input type="checkbox"/>	<input type="checkbox"/>
Session #5	July 19	July 23	<input type="checkbox"/>	<input type="checkbox"/>
Session #6	July 26	July 30	<input type="checkbox"/>	<input type="checkbox"/>
Session #7	August 2	August 6	<input type="checkbox"/>	<input type="checkbox"/>
Session #8	August 9	August 13	<input type="checkbox"/>	<input type="checkbox"/>

Horseback Riding 70/Session

If you would like to receive more information regarding Horseback Riding please check the box below, and after your child has been enrolled we will send you registration information for the Horseback Riding program.

STEP #5: PICK-UP INFORMATION

The following persons (other than parents) may pick up my children. Proper identification will be required.

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

STEP #6: TERMS AND CONDITIONS

A 100 non refundable deposit is required for each camper registration. The balance of camp fees must be paid in full by May 21st. If we do not receive full payment of camp fees, your child will not be permitted to attend camp. Cancellations made prior to or on May 21st will receive a full refund minus the non refundable deposit. Cancellations made after May 21st will be charged 50% of the total camp fee. No refunds are made to campers dismissed for inappropriate behavior, determined at the sole discretion of the Camp Director. Paradise Farm Camps retains the right to dismiss any camper if it is deemed to be in the best interest of the camp and/or the camper. Make up days are not provided. No camper may attend until a completed Health History Form has been submitted to and approved by the Camp Office.

I hereby give permission for my child to be photographed or videotaped by Paradise Farm Camps and for the resulting images portraying my child individually or as a group participating in camp activities, to be used on various camp brochures, posters, reports, websites or as a part of a slide or video presentation to promote participation and interest in camp.

I also give permission for my child(ren) to be transported in a camp vehicle or by bus to an off-site location for any camp field trips.

I have read all of the information in this brochure and agree to all terms and conditions contained therein.

Signature: _____ Date: _____
 Print Name: _____

100 Non Refundable Deposit due for each Camper Registration

Total Number of Sessions: _____
 If paying by Credit Card: Visa MasterCard Discover
 Credit Card #: _____ Exp. Date: _____
 Signature: _____ Security Code: _____

Please detach this Registration form, provide deposit payment, and mail to:
 Please use separate form for each camper Additional forms may be photocopied
 or found online at www.paradisefarmcamps.org.

Paradise Farm Camps
 1300 Valley Creek Road
 Downingtown, PA 19335