

# CAMPER REGISTRATION FORM

REGISTER ONLINE AT [WWW.PARADISEFARMCAMPS.ORG](http://WWW.PARADISEFARMCAMPS.ORG)

TO BE ELIGIBLE FOR REDUCED RATES,  
ALL REGISTRATIONS AND PAYMENTS  
MUST BE RECEIVED BY APRIL 27TH

## STEP #1: CAMPER AND FAMILY INFORMATION

ALL CAMP CORRESPONDANCE WILL BE ADDRESSED TO PARENT #1

CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	
HOME ADDRESS:			
CITY, COUNTRY, STATE, ZIP:			
HOME PHONE NUMBER:	EMAIL ADDRESS:		
PARENT #1 NAME:	PARENT #2 NAME:		
PARENT #1 EMPLOYER:	PARENT #2 EMPLOYER:		
WORK #:	CELL #:	WORK #:	CELL #:
HOW DID YOU FIND OUT ABOUT PARADISE FARM CAMPS?			

## ADDITIONAL CAMPERS

CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	
CAMPER'S NAME:	D.O.B.:	GENDER:	T-SHIRT SIZE:
NAME OF SCHOOL:		CURRENT GRADE:	

**CHILD RESIDES WITH:**  BOTH PARENTS  PARENT #1  PARENT #2  OTHER (PLEASE EXPLAIN)

GUARDIAN'S NAME:	HOME NUMBER:	CELL NUMBER:
HOME ADDRESS:	CITY, COUNTRY, STATE, ZIP:	
EMPLOYER:	WORK NUMBER:	

## STEP #2: EMERGENCY CONTACTS

EMERGENCY CONTACT #1:	RELATIONSHIP:
HOME PHONE NUMBER:	WORK OR CELL NUMBER:
AUTHORIZED FOR PICK UP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY CONTACT #2:	RELATIONSHIP:
HOME PHONE NUMBER:	WORK OR CELL NUMBER:
AUTHORIZED FOR PICK UP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY CONTACT #3:	RELATIONSHIP:
HOME PHONE NUMBER:	WORK OR CELL NUMBER:
AUTHORIZED FOR PICK UP?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## STEP #3: CHOOSE YOUR PROGRAMS

CAMPER'S NAME:

<input type="checkbox"/> TINY TREKS \$195/SESSION	<input type="checkbox"/> JUNIOR CAMP \$395/SESSION	<input type="checkbox"/> DAY CAMP \$395/SESSION	<input type="checkbox"/> TEEN PROGRAM \$445/SESSION					
<input type="checkbox"/> SWIM LESSONS - \$50								
<b>MARK YOUR SESSION #</b>	SESSION #1 JUNE 18-22	SESSION #2 JUNE 25-29	SESSION #3 JULY 2-6	SESSION #4 JULY 9-13	SESSION #5 JULY 16-20	SESSION #6 JULY 23-27	SESSION #7 JULY 30 - AUGUST 3	SESSION #8 AUGUST 6-10
EXTENDED CARE \$60/SESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION \$80/SESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE CHOOSE YOUR TRANSPORTATION SITE:	<input type="checkbox"/> GREAT VALLEY		<input type="checkbox"/> WEST CHESTER		<input type="checkbox"/> OVERNIGHT SESSION AUGUST 12-18 \$550/SESSION		May not be combined in any Camp Packs. Only Day and Teen campers may attend the Overnight Session.	

Additional Campers may choose their programs on reverse side of form.





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CAMPER'S NAME: \_\_\_\_\_

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<b>MARK YOUR SESSION #</b>							
SESSION #1	SESSION #2	SESSION #3	SESSION #4	SESSION #5	SESSION #6	SESSION #7	SESSION #8
JUNE 18-22	JUNE 25-29	JULY 2-6	JULY 9-13	JULY 16-20	JULY 23-27	JULY 30 - AUGUST 3	AUGUST 6-10
EXTENDED CARE \$60/SESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION \$80/SESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE CHOOSE YOUR TRANSPORTATION SITE: <input type="checkbox"/> GREAT VALLEY <input type="checkbox"/> WEST CHESTER		<input type="checkbox"/> <b>OVERNIGHT SESSION</b> <b>AUGUST 12-18</b> \$550/SESSION		May not be combined in any Camp Packs. Only Day and Teen campers may attend the Overnight Session.			

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## STEP #4: TERMS AND CONDITIONS

A \$100 non-refundable deposit is required for each camper. **To be eligible for our reduced rates, your family's registration must be completed and all fees must be paid in full by April 27. Any session registrations accepted after that date will be processed at the rate of \$220 per session for Tiny TREKS, \$420 per session for Day and Junior Camp, \$470 per session for Teen Camp, and \$525 for Overnight Session.** If we do not receive full payment of camp fees, your child will not be permitted to attend camp. If full payment is not paid by April 27 (nor a payment plan set up), the credit card on file will be charged full amount of remaining fees on May 1. If payments are not complete by the end of the calendar year, your child(ren) will not be eligible for registration for the following season. Cancellations made prior to or on April 27 will receive a full refund minus the non-refundable deposit. Cancellations made after April 27 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 and current Health History Form has been submitted to and approved by the Camp Office.** Any Camper Health History Form received after April 27 will receive a \$25 processing fee, regardless if Camper Registration Form was received on/before April 27.

I hereby give permission for my child(ren) 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 on/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	PRINT NAME:
_____	_____
	DATE:
	_____

## STEP #5: PAYMENT INFORMATION

IF PAYING BY CHECK PLEASE MAKE CHECK PAYABLE TO: CCWA

IF PAYING BY CREDIT CARD	VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	EXP DATE:
CREDIT CARD NUMBER:	_____				
SIGNATURE	_____				
	SECURITY CODE:	_____			
	AMOUNT TO APPLY:	_____			

**\$100 NON-REFUNDABLE DEPOSIT DUE FOR EACH CAMPER WITH REGISTRATION FORM**

PLEASE DETACH THIS REGISTRATION FORM, PROVIDE DEPOSIT PAYMENT, AND MAIL TO:  
 PARADISE FARM CAMPS  
 1300 VALLEY CREEK RD.  
 DOWNTOWN, PA 19335  
 OR SEND VIA EMAIL:  
 LEAH@PARADISEFARMCAMPS.ORG