

CAMPER REGISTRATION FORM

REGISTER ONLINE AT WWW.PARADISEFARMCAMPS.ORG

TO BE ELIGIBLE FOR REDUCED RATES,
ALL REGISTRATIONS AND PAYMENTS
MUST BE RECEIVED BY APRIL 26TH

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 \$225/SESSION	<input type="checkbox"/> JUNIOR CAMP \$395/SESSION	<input type="checkbox"/> DAY CAMP \$395/SESSION	<input type="checkbox"/> TEEN PROGRAM \$445/SESSION					
MARK YOUR SESSION #	SESSION #1 JUNE 17-21	SESSION #2 JUNE 24-28	SESSION #3 JULY 1-3	SESSION #4 JULY 8-12	SESSION #5 JULY 15-19	SESSION #6 JULY 22-26	SESSION #7 JULY 29 - AUGUST 2	SESSION #8 AUGUST 5-9
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 11-17 \$550/SESSION		May not be combined in any Camp Packs. Campers 10-14 years old may attend the Overnight Session.			

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

CAMPER REGISTRATION FORM

REGISTER ONLINE AT WWW.PARADISEFARMCAMPS.ORG

TO BE ELIGIBLE FOR REDUCED RATES,
ALL REGISTRATIONS AND PAYMENTS
MUST BE RECEIVED BY APRIL 26TH

STEP #3: CHOOSE YOUR PROGRAMS

CAMPER'S NAME: _____

<input type="checkbox"/> TINY TREKS \$225/SESSION 	<input type="checkbox"/> JUNIOR CAMP \$395/SESSION 	<input type="checkbox"/> DAY CAMP \$395/SESSION 	<input type="checkbox"/> TEEN PROGRAM \$445/SESSION 
--	---	--	--

MARK YOUR SESSION #	SESSION #1	SESSION #2	SESSION #3	SESSION #4	SESSION #5	SESSION #6	SESSION #7	SESSION #8
	JUNE 17-21	JUNE 24-28	JULY 1-3	JULY 8-12	JULY 15-19	JULY 22-26	JULY 29 - AUGUST 2	AUGUST 5-9
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:

GREAT VALLEY WEST CHESTER

OVERNIGHT SESSION AUGUST 11-17 \$550/SESSION

May not be combined in any Camp Packs. Campers 10-14 years old may attend the Overnight Session.

STEP #3: CHOOSE YOUR PROGRAMS

CAMPER'S NAME: _____

<input type="checkbox"/> TINY TREKS \$225/SESSION 	<input type="checkbox"/> JUNIOR CAMP \$395/SESSION 	<input type="checkbox"/> DAY CAMP \$395/SESSION 	<input type="checkbox"/> TEEN PROGRAM \$445/SESSION 
--	---	--	--

MARK YOUR SESSION #	SESSION #1	SESSION #2	SESSION #3	SESSION #4	SESSION #5	SESSION #6	SESSION #7	SESSION #8
	JUNE 17-21	JUNE 24-28	JULY 1-3	JULY 8-12	JULY 15-19	JULY 22-26	JULY 29 - AUGUST 2	AUGUST 5-9
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:

GREAT VALLEY WEST CHESTER

OVERNIGHT SESSION AUGUST 11-17 \$550/SESSION

May not be combined in any Camp Packs. Campers 10-14 years old may attend the Overnight Session.

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 26. Any session registrations accepted after that date will be processed at the rate of \$250 per session for Tiny TREKS, \$420 per session for Day and Junior Camp and \$470 per session for Teen Camp.** 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 26 will receive a full refund minus the non-refundable deposit. Cancellations made after April 26 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 26 will receive a \$25 processing fee, regardless if Camper Registration Form was received on/before April 26.

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 MASTER CARD DISCOVER AMERICAN EXPRESS EXP DATE: _____

CREDIT CARD NUMBER: _____ SECURITY CODE: _____

SIGNATURE 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