Borough of West Chester
Parks and Recreation Department
401 E. Gay Street
West Chester, PA 19380
610-436-9010
parksandrecreation@west-chester.com

CAMP DISCOVERY

Charles A. Melton Center
501 E. Miner Street
West Chester, PA 19382
610-692-9290
camcinfo@meltoncenter.org

REGISTRATION & PAYMENT DEADLINE: MAY 22, 2020.
A $50 late fee will be charged after the deadline date.

Camp Discovery:

Dates: June 22nd - August 14th (No Camp July 3rd)
Time: 8am - 4pm (After care 4pm - 6pm)
Ages: 5 - 12 years old (Must have already gone through one year of kindergarten to attend)
Camp Cost: $1,500 for the total 8-weeks of summer camp
After Care Cost: $50 per week
Financial Aid: Financial Aid is available for those who provide documentation of receiving free and reduced lunches at school.

Part A: Camper Information **All Information Must Be Legible – Please Print**

Camper's Name: _____ Sex: M F
(LAST) (FIRST)

Date of Birth:_____/_____/_____Age at start of Camp: _____

Child's T-Shirt Size: (Please Circle Size)
Child: S M L Adult: S M L XL

Camper's Address: _____

City:_____State:_____Zip:_____Home Phone #: _____

Parent/Guardian(1):_____Work #:_____Cell #: _____

Email:_____

Parent/Guardian(2):_____Work #:_____Cell#:_____

Email:_____

Emergency Contact **(OTHER THAN LISTED ABOVE)** Name:_____ Cell #_____

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Part B: Child Release All Information Must Be Legible – Please Print

Custody of Child: □Mother □Father □Joint □Other _____
****If there is a court order for custody, a copy must be on file with this registration form.**
Only persons listed on this form will be allowed to pick up the registered camper. Any changes to the persons authorized to pick up the child must be made in writing. Any person picking up a child requires identification.

1. Name:_____Phone #: _____
2. Name:_____Phone #: _____
3. Name:_____Phone #: _____

Part C: Health History All Information Must Be Legible – Please Print

It is required that you provide accident coverage insurance on your child. In case of emergency please provide the following information to expedite your child's medical treatment.

Insurance Carrier:_____ Policy/Group #: _____

Physician's Name: _____ Phone #: _____

Does your child have any allergies? □YES □NO If yes, explain:

_____

_____

Does your child require an IEP? □YES □NO
If yes, please provide a copy of IEP Documentation upon registration.

Please give a brief description of any current health conditions requiring medication, treatment, special restrictions or considerations while at camp:

_____

_____

Medications must be in original prescription bottles with a physician's note detailing disbursement.

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Part D: After Care **All Information Must Be Legible – Please Print**

Camp Discovery After Care:

Dates: June 22nd - August 14th (No Camp July 3rd)
Time: 4pm - 6pm
After Care Cost: $50 per week
Deadline: Payment and week selection must be confirmed by May 22nd
You will not be able to add additional weeks after May 22nd.

Please select which weeks you will need After Care.

	Week 1: June 22nd – June 27th
	Week 2: June 29nd – July 2nd (No Camp Friday, July 3rd)
	Week 3: July 6th – July 10th
	Week 4: July 13th – July 17th
	Week 5: July 20th – July 24th
	Week 6: July 27th – July 31st
	Week 7: August 3rd – August 7th
	Week 8: August 10th – August 14th

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Part E: Please initial:

_____ I hereby give permission for my child to be photographed or videotaped by Camp Discovery Staff while participating in the program and for the resulting photographs to be used on various camp brochures, reports or as part of a slide show presentation to promote the summer camp.

_____ There will be no refunds issued if a camper fails to report to camp or is dismissed from camp for disciplinary infractions. No refunds will be issued should you choose to withdraw your child from camp for any reason.

_____ **I agree to pay the camp tuition as shown below by May 22, 2020. I understand that if I fail to do so, my child will not be allowed to attend camp.**

_____ **I understand and agree to pay $1/minute late charge if I am late in picking up my child. Payment will be made to the counselor on site upon my arrival.**

_____ I give permission for my child to travel by van/bus on field trips and to walk within reasonable distance.

_____ I give permission for my child to receive basic first aid as deemed necessary.

_____ I understand if there is a custody/court order document, I must provide a copy of agreement upon registration.

_____ I understand that should my child have an accident and need of immediate emergency care, that by signing this form, I give permission to transport and provide emergency care to my child until the parent/guardian can be reached.

_____ I, as parent / guardian of the above registrant, agree that I will abide by the rules, policies and decisions of the Borough of West Chester Parks and Recreation Department and the Charles A. Melton Center.

_____ I recognize the possibility of physical injury to my child associated with his or her participation in the summer camp program.

_____ I hereby knowingly and voluntarily release the Borough of West Chester, the Borough of West Chester Parks and Recreation Department, the Charles A. Melton Center, and all of its agents, employees and officers from and against any and all claims, losses, damage, liability or expense occurring to any of my or my child's property or for personal injury or death which may result from my child's participation in the summer camp program, including injury or death that may be caused by the Borough of West Chester, the Borough of West Chester Parks and Recreation Department, the Charles A. Melton Center and all of its agents, employees and officers' negligent actions. I assume, on behalf of my minor child, all liabilities and injury that may result because of my child's participation in the summer camp.

_____ I acknowledge that I am the parent or legal guardian of the registrant and that I have legal authority to bind my child to the terms of this release and waiver.

Parent/Guardian Signature: X_____ **Date:** _____

BELOW FOR OFFICE USE ONLY:

Camp Fee: _____ **After Care Fee:** _____ **TOTAL:** _____ **DUE DATE: MAY 22ND**

Date:_____ Ck#:_____ Amount:_____ Remaining Balance_____ Staff Initials: _____
Date:_____ Ck#:_____ Amount:_____ Remaining Balance_____ Staff Initials: _____
Date:_____ Ck#:_____ Amount:_____ Remaining Balance_____ Staff Initials: _____
Date:_____ Ck#:_____ Amount:_____ Remaining Balance_____ Staff Initials: _____
Date:_____ Ck#:_____ Amount:_____ Remaining Balance_____ Staff Initials: _____

☐FA RECEIVED:_____ ☐$50.00 Late Fee ☐Database (SI:____) ☐Paid In Full (SI:____)