



BRIARWOOD DAY CAMP



2010 Enrollment Application

1380 Creek Road Furlong, PA 18925

Tel: 215.579.4667 Fax: 215.598.9813 www.briarwood-camp.com

Camper First Name <input style="width:90%;" type="text"/>	Preferred First Name <input style="width:90%;" type="text"/>	Camper Last Name <input style="width:90%;" type="text"/>
<input type="radio"/> Boy	<input type="radio"/> Girl	Date of Birth <input style="width:150px;" type="text"/>
<input type="radio"/> Returning Camper		<input type="radio"/> New Camper
Grade in Sept. 2010(circle one)3yr old preschool Pre-K K 1 2 3 4 5 6 7 8 9		School <input style="width:150px;" type="text"/>
If someone referred you to Briarwood, please list their name here: <input style="width:300px;" type="text"/>		

	PARENT #1	PARENT #2
First Name	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Preferred First Name	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Last Name	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Relationship to Camper	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Home Phone	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Work Phone	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cell Phone	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Email	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

ADDRESS #1:

Mailing Address Camper Home

Street

Town State Zip

ADDRESS #2:

Mailing Address Camper Home
 N/A Other _____

Street

Town State Zip

MY CHILD IS LIVING WITH...

Mom and Dad together Mom only Home Phone Where Camper Lives:

Mom and Dad separately Dad only

Other _____

EMERGENCY CONTACT INFORMATION

In case of an emergency and the camper's parents cannot be reached, please contact:

Name Relationship Phone

PAYMENT INFORMATION

Deposits are due as follows: \$1000 is due with application. The balance of tuition is due on April 30, 2010. Please contact us if you are interested in one of our credit card payment plans.

Check enclosed (make payment to Briarwood Day Camp)
 Please charge my Visa, MasterCard or Discover

Credit Card type: _____ Credit Card #: _____ - _____ - _____ Expiration: _____/20

All payments are fully refundable until April 1, 2010. After April 1, no tuition will be refunded. No refunds will be made for incidental absences. Camp is not responsible for any camper's belongings lost or damaged at camp.

For Office Use Only:

Dep	Ck#	Fin	Com	Ack	Date
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OVER

ADDITIONAL INFORMATION ON PAGE TWO

Is there any information you feel would help us with your child's adjustment to camp?

[Empty text box for additional information]

Does your child require a special diet? Yes No [Empty text box]

Does your child have any allergies? Yes No [Empty text box]

Size for your child's complimentary T-shirt (✓ check one): Youth: **SO MO LO** Adult: **SO MO LO**

If your child has friends at Briarwood entering the same grade and would like to be grouped with them, please list here, and we will do our best to accommodate. Requests must be mutual. Please limit to two names.

[Two empty text boxes for listing friends]

If someone referred you to Briarwood, please list their name here. [Empty text box]

TRANSPORTATION INFORMATION

Transportation to and from one address is included in tuition. Please indicate the Pick-up and Drop-off location below:

Camper [Empty text box] Pick-up/Drop-off Phone Number [Empty text box]

Pick-up/Drop-off Address [Empty text box]

Nearest Cross Street [Empty text box]

Development Name (if any) [Empty text box]

Own Transportation (OT): AM PM

If OT is selected, then no seat will be provided.

Please ✓check desired program:
Tentative Opening Day: June 21, 2010

LOWER CAMP, UPPER CAMP & CIT'S
1st—9th Grade in Fall 2010

8 Weeks	7 Weeks	6 Weeks	4 Weeks
<input type="radio"/> \$4,345	<input type="radio"/> \$4,175	<input type="radio"/> \$3,995	<input type="radio"/> \$2,990

Circle which weeks your child will attend: 1 2 3 4 5 6 7 8

BUSY BEE
Preschool and K in Fall 2010

8 Weeks	7 Weeks	6 Weeks	4 Weeks
<input type="radio"/> \$3,775	<input type="radio"/> \$3,630	<input type="radio"/> \$3,475	<input type="radio"/> \$2,565

Circle which weeks your child will attend: 1 2 3 4 5 6 7 8

Changes in weeks for all programs are subject to availability.

Sibling Credit: \$100 per sibling.

Tuition includes: transportation for all programs to and from one address, lunch, camp picture and a camp T-shirt.

Program Times: 9:30 am—3:30 pm - Extended care is available before and after camp. Please contact us for details.

PERMISSIONS

I hereby give permission for my child to participate in all camp activities. I also grant Briarwood Day Camp permission to take my child on trips outside of camp as part of the regular camp program.

I hereby give permission to the medical personnel selected by the camp to provide routine health care and to administer medication. In the event that I cannot be contacted in an emergency, I hereby give permission to the medical personnel selected by the camp to secure and administer treatment, including hospitalization for my child.

I hereby give permission for photographs and videos to be taken of my child and Briarwood Day Camp has the right to utilize these in camp brochures as well as in electronic, video, print, display and other materials.

I have read and agree to all terms, conditions and permissions on the enrollment application.

Parent Full Name (Please Print) _____

Parent Signature _____

Date _____