



SUMMER ADVENTURE DAY CAMP REGISTRATION FORM

Did you complete the Health Insurance Form on Page 8? It must be included with your child's registration.

CAMP SITE ATTENDING: OAK RIDGE WEST BROAD STREET

CHILD'S NAME: _____ **AGE:** _____ **PARENT:** _____

5-DAY WEEK	3-DAY WEEK (Circle days attending)	SWIMMING (Circle one)
WEEK 1 June 20-24 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 2 June 27-July 1 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 3 July 5-8 <input type="checkbox"/> \$200 (4 days)	<input type="checkbox"/> \$190 T W Th F	YES NO
WEEK 4 July 11-15 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 5 July 18-22 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 6 July 25-29 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 7 Aug. 1-5 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 8 Aug. 8-12 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO
WEEK 9 Aug. 15-19 <input type="checkbox"/> \$240	<input type="checkbox"/> \$190 M T W Th F	YES NO

SWIMMING PERMISSION

_____ YES I give permission for my child (name on this form) to swim at the Souderton Area High School pool and be transported to the pool and back by a TSI bus.

Parent Signature: _____

FIELD TRIP PERMISSION

_____ YES I give permission for my child (name on this form) to participate in Summer Adventure Field Trips and be transported to the pool and back by a TSI bus.

Parent Signature: _____

Mail Registration Form & Payment to: SACE, 760 Lower Road, Souderton, PA 18964 * (215) 721-1551

EIN #: 23-166-8443 (For your tax purposes)

\$_____ Total Amount Due

\$_____ Amount Enclosed

Method of Payment: Check (Payable to SACE) Visa MasterCard Discover

Credit Card #: _____ Exp: _____

Signature Required for Credit Card payments:

_____ A \$25 non-refundable registration fee is included in each activity. Please note Policy Guidelines on Page 10

**SUMMER PROGRAMS INSURANCE FORM**

**Must be completed for each child and sent with registration forms for
Summer Adventure Camp or Club Adventure Workshops.**

"Parent Packet" will be sent to all registered camper families approximately two weeks prior to start of camp.

NOTE: Any child attending SACE Summer programs must be fully potty-trained.

CAMPER NAME: _____ [] Male [] Female

ADDRESS: _____
Street Town Zip Code

School Attended in past year: _____ **Grade Completed:** _____

Mother/Step-mother/Guardian Name (circle one) _____

Cell Phone: _____ **Work Phone:** _____ **Email:** _____

Father/Step-Father/Guardian Name (circle one) _____

Cell Phone: _____ **Work Phone:** _____ **Email:** _____

CAMPER BIRTHDAY: _____

TEE SHIRT SIZE (circle one): Youth SM Youth MED Youth LRG
Adult SM Adult MED Adult LRG Adult XLRG

Does your child require any reasonable accommodations because of a disability? YES NO If so, explain:

Are there legal custody papers regarding this child?
(circle one)

NO YES (a copy must be attached)

Local person to care for child if unable to reach parents

Name: _____

Phone #: _____

Hospitalization/Insurance is the responsibility of parent/guardian

Insurance Company: _____

Name of Insured: _____

Group #: _____

Policy #: _____

Hospital Preference: _____

Allergies/Limitations: _____

Medical Conditions/Medications: _____

My child may be given the following medications by the appropriate camp staff, as needed:
(Circle all that apply)

Tylenol

Advil

Benadryl

Parent or guardian will be contacted should any medications listed be administered to child.

I give permission for my child to attend the Souderton Area Community Education Summer Program. I accept responsibility of transportation to and from the location. I agree to abide by the program rules, regulations, and procedures. In event of injury or illness, I authorize the supervisor to obtain the services of a licensed practitioner if I am unable to be reached. I authorize first aid treatment as needed. I have noted allergies, limitations, medical conditions, and medications. I have given specific instructions as to special medical care for my child in writing before the start of the program. I agree to pay the expense of returning my child home before the termination of any trip/event if he/she does not adhere to established standards of conduct. I do not hold the program/District responsible for damage or loss of property personally owned by my child. Furthermore, I assume full responsibility for any damage to person or property caused by my child.

Signature _____ Date _____



CLUB ADVENTURE WORKSHOPS REGISTRATION FORM

ALL workshops will run 9:00 AM -12:00 PM.

Did you complete the Health Insurance Form on Page 8? It must be included with your child's registration. Please make a copy of this page for your records.

CHILD'S NAME: _____ AGE: _____ PARENT: _____

<input type="checkbox"/> \$150 June 27-July 1 <i>Junior Naturalists</i>	<input type="checkbox"/> \$130 July 18-22 <i>ART- Playful Inspiration</i>
<input type="checkbox"/> \$165 June 27-July 1 <i>Create-A-Cook Mexican</i>	<input type="checkbox"/> \$165 July 25-29 <i>Create-A-Cook Farm-to-Table</i>
<input type="checkbox"/> \$150 June 27-July 1 <i>Video Editing</i>	<input type="checkbox"/> \$150 July 25-29 <i>Mad Machines & Jr. Eng.</i>
<input type="checkbox"/> \$165 July 11-15 <i>Create-A-Cook Asian</i>	<input type="checkbox"/> \$165 Aug. 1-5 <i>Create-A-Cook Italian</i>
<input type="checkbox"/> \$230 July 11-15 <i>Far Out Space Academy</i>	<input type="checkbox"/> \$150 Aug. 1-5 <i>Video Editing</i>
<input type="checkbox"/> \$150 July 11-15 <i>Video Editing</i>	<input type="checkbox"/> \$150 Aug. 1-5 <i>Super Slimy Smokey Science</i>
<input type="checkbox"/> \$130 July 11-15 <i>Fun with French!</i>	<input type="checkbox"/> \$150 Aug. 8-12 <i>NASA STEM Explorers</i>
<input type="checkbox"/> \$230 July 18-22 <i>Fizz-Bang-Boom!</i>	<input type="checkbox"/> \$165 Aug. 8-12 <i>Create-A-Cook All-American</i>
<input type="checkbox"/> \$165 July 18-22 <i>Create-A-Cook Breakfast</i>	

Mail Registration Form & Payment to: SACE, 760 Lower Road, Souderton, PA 18964

EIN #: 23-166-8443 (For your tax purposes)

\$_____ Total Amount Due \$_____ Amount Enclosed

Method of Payment: Check (Payable to SACE)

Visa

MasterCard

Discover

Credit Card #: _____ Exp: _____

Signature Required for Credit Card payments:

A \$25 non-refundable registration fee is included in each activity.

Please note Policy Guidelines on Page 10