



## 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. "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.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PARENT: \_\_\_\_\_

5-DAY WEEK	3-DAY WEEK (Circle days attending)	TRIPS	SWIMMING (Tu.- OR, Th.-WBS)
June 17-21 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	NO TRIP	<input type="checkbox"/> \$20
June 24-28 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	<input type="checkbox"/> \$40 Crystal Cave	<input type="checkbox"/> \$20
July 1, 2, 3 <input type="checkbox"/> NO 5-DAY	<input type="checkbox"/> \$230 M T W	NO TRIP	<input type="checkbox"/> \$20
July 8-12 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	NO TRIP	<input type="checkbox"/> \$20
July 15-19 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	<input type="checkbox"/> \$40 Acad. Natural Sc.	<input type="checkbox"/> \$20
July 22-26 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	NO TRIP	<input type="checkbox"/> \$20
July 29-Aug. 2 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	<input type="checkbox"/> \$40 Bowling	<input type="checkbox"/> \$20
Aug. 5-9 <input type="checkbox"/> \$265	<input type="checkbox"/> \$230 M T W Th F	NO TRIP	NO SWIM
Aug. 12-16 <input type="checkbox"/> \$375	TRIP WEEK- Five days only		

**DISTRICT BUS TRANSPORTATION WILL BE PROVIDED FOR ALL FIELD TRIPS AND SWIMMING ACTIVITIES.**

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

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

Method of Payment: Check (Payable to SACE)    Visa    MasterCard    Discover    \$\_\_\_\_\_    Amount Enclosed

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature Required for Credit Card payments:

\_\_\_\_\_



SUMMER PROGRAMS INSURANCE FORM

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

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

INTRUMENT FOR BAND CAMP: \_\_\_\_\_

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/Limitaions \_\_\_\_\_
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

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"/> \$125 June 17-21 <i>Band-Orchestra Camp</i>	<input type="checkbox"/> \$190 July 22-26 <i>Create-A-Cook Breakfast</i>
<input type="checkbox"/> \$135 June 24-28 <i>Drama Camp</i>	<input type="checkbox"/> \$165 July 29-Aug. 2 <i>Young Actors- Broadway</i>
<input type="checkbox"/> \$200 June 24-28 <i>Express Yourself (With Art)</i>	<input type="checkbox"/> \$190 July 29-Aug. 2 <i>Create-A-Cook South. Ital.</i>
<input type="checkbox"/> \$165 July 8-12 <i>Young Actors- Comedy</i>	<input type="checkbox"/> \$175 July 29-Aug. 2 <i>Wild World of Conserv.</i>
<input type="checkbox"/> \$200 July 8-12 <i>Marionettes (Gr. 1-3)</i>	<input type="checkbox"/> \$200 Aug. 5-9 <i>Cartooning (Gr. 1-3)</i>
<input type="checkbox"/> \$200 July 8-12 <i>Marionettes (Gr. 4-6)</i>	<input type="checkbox"/> \$200 Aug. 5-9 <i>Cartooning (Gr. 3-6)</i>
<input type="checkbox"/> \$190 July 8-12 <i>Create-A-Cook Northern Italian</i>	<input type="checkbox"/> \$135 Aug. 5-9 <i>Drama Camp</i>
<input type="checkbox"/> \$175 July 8-12 <i>Funky Forensics</i>	<input type="checkbox"/> \$190 Aug.5-9 <i>Create-A-Cook Farm to Table</i>
<input type="checkbox"/> \$265 July 15-19 <i>Fizz, Bang, Boom!</i>	<input type="checkbox"/> \$175 Aug. 5-9 <i>Jr. Physicians Academy</i>
<input type="checkbox"/> \$190 July 15-19 <i>Create-A-Cook Mexican</i>	<input type="checkbox"/>
<input type="checkbox"/> \$200 July 22-26 <i>Interior Design Star</i>	<input type="checkbox"/>
<input type="checkbox"/> \$265 July 22-26 <i>Astronaut Academy</i>	<input type="checkbox"/>

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