

# ShIPLEY Summer Enrichment Camp 2008 Application

Please check which programs your child will attend and what weeks he/she will be attending.

\_\_\_\_\_ **Summer Enrichment Camp** 9 a.m. – 3 p.m.

- \_\_\_\_\_ June 16 – June 20
- \_\_\_\_\_ June 23 – June 27
- \_\_\_\_\_ June 30 – July 3
- \_\_\_\_\_ July 7 – July 11
- \_\_\_\_\_ July 14 – July 18
- \_\_\_\_\_ July 21 – July 25

\_\_\_\_\_ **Extended Camp Care** 3 p.m. – 6 p.m.

- \_\_\_\_\_ 1 day/week
- \_\_\_\_\_ 2 days/week
- \_\_\_\_\_ 3 days/week
- \_\_\_\_\_ 4 days/week
- \_\_\_\_\_ 5 days/week

**Fees:** (A two-week minimum is required)

Full Season .....	\$ 1480.00
Five Weeks.....	\$ 1300.00
Four Weeks.....	\$ 1100.00
Three Weeks.....	\$ 880.00
Two Weeks.....	\$ 620.00
Extended Camp Care (per hour) .....	\$ 7.00

A non-refundable deposit of \$100.00 is due with the application. The balance is due no later than May 15. Enrollment cannot be guaranteed if payment is received after May 15. No refunds will be granted after June 1.

Please send application and deposit to:  
 Terri Grossman  
 2121 Greenbrier Drive  
 Villanova, PA 19085

Make checks payable to "ShIPLEY Enrichment Camp."

For more information, contact Terri Grossman at (610) 527-5022 or at [tgrossman@shipleyschool.org](mailto:tgrossman@shipleyschool.org).

Your Initials \_\_\_\_\_

# Shipley Summer Enrichment Camp 2008 Application

Applicant's First Name \_\_\_\_\_

Applicant's Middle Name \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_

Sex (check one)  Male  Female

Birthdate \_\_\_\_\_

Grade Entering in 2008 \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact  
(other than parent) \_\_\_\_\_

Phone \_\_\_\_\_

Please note any health problems or family circumstances which would require special attention:

\_\_\_\_\_  
\_\_\_\_\_

I wish to enroll my son or daughter in the Shipley Summer Enrichment Camp. I understand that The Shipley School does not assume responsibility for accidents or medical and dental injuries received as a result of participation in these programs.

**Signature of Parent or Guardian**

**Date**

\_\_\_\_\_  
\_\_\_\_\_