

# ShIPLEY Summer Enrichment Camp 2012 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 18 – June 22

\_\_\_\_\_ June 25 – June 29

\_\_\_\_\_ July 2 – July 6

\_\_\_\_\_ July 9 – July 13

\_\_\_\_\_ July 16 – July 20

\_\_\_\_\_ July 23 – July 27

\_\_\_\_\_ **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.....	\$ 1500.00
Five Weeks.....	\$ 1350.00
Four Weeks.....	\$ 1150.00
Three Weeks.....	\$ 900.00
Two Weeks.....	\$ 650.00
Extended Camp Care (per hour) .....	\$ 8.00

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).

## **How did you hear about ShIPLEY Enrichment Camp?**

\_\_\_ Friend \_\_\_ ShIPLEY School website \_\_\_ ShIPLEY Enrichment Camp website  
\_\_\_ Newspaper Camp Guide \_\_\_ Online Camp Guide \_\_\_ Camp Fair

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

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Applicant's First Name \_\_\_\_\_  
Applicant's Middle Name \_\_\_\_\_  
Applicant's Last Name \_\_\_\_\_

Sex (check one)  Male  Female

Birthdate \_\_\_\_\_

Grade Entering in 2012 \_\_\_\_\_

School \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

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

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

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

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**

\_\_\_\_\_

\_\_\_\_\_