

GA Summer Programs 2010 Application for Enrollment

Please fill out one per child or register on the web at www.gacamp.org

Return completed Application to: Germantown Academy Summer Programs
340 Morris Road, Fort Washington, PA 19034 • Phone 215-734-0481 • Fax 215-734-0482

Child's Information

First Name	Last Name
Date of Birth	Sex M F
Grade in September	Current School

Parent Information

Primary Contact, Parent or Guardian		
Street Address		
City	State	Zip
Home Phone	Work Phone	
Cell Phone	Email	
Secondary Contact, Parent or Guardian		
Street Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone

Emergency Contact

Name	Phone
Tylenol may be administered: Yes <input type="checkbox"/> NO <input type="checkbox"/>	

Camper Health Information

Doctor's Name	Medical Insurance Company
Insurance Policy Number	Date of Last Tetanus Shot

A non-refundable \$100 deposit must accompany this application each camper registering for camp. You will receive an invoice for the balance; Visa, Master Card or check payments are accepted. If you register after May 31st the full amount is due at the time of registration. All camp fees must be paid in full by May 31, 2010 or you may lose your reservation and the space may be filled from the waiting list.

Enclosed is my \$100.00 deposit (non-refundable) reserving space for my child for the dates indicated on the Registration Form attached to this Application. I understand the balance is due before May 31, 2010. I consent to allow Germantown Academy the use of photographs and videos of my child for the purpose of advertising. I hereby give permission to the representatives of Germantown Academy Summer Programs to permit hospital personnel and/or licensed physician to perform emergency treatment or inject or administer drugs in conjunction with emergency treatment.

Signature of Parent or Guardian

Date

	CAMP TITLE	TIMES	FEE
Week of June 21 - 25			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	
Week of June 28 - July 2			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	
Week of July 5 - 9			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	
Week of July 12 - 16			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	
Week of July 19 - 23			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	
Week of July 26 - July 30			
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		7:00 - 8:45	
Extended Day: Full Time _____ Part Time (Please Circle) M T W TH F		3:30 - 6:00	

Minimum Amount Due at time of Registration is: \$100.00

- The 10% Early Bird discount applies only to camps selected and paid for by March 10, 2010 for campers enrolled in at least three weeks of camp.
- Total balance is due by May 31, 2010 for all others.
- A billing statement will be mailed upon receipt of registration
- Registration is accepted through the first day of camp.

Total Program Costs _____

Deduct 10% if enrolled for **at least three weeks** and paid in full before **March 10, 2010** _____

Sub Total Amount Due _____

Refund Protection Fee \$20.00 _____

Add \$25 Application Fee
To avoid the Application fee register online at www.gacamp.org

Total Amount Due _____

TOTAL AMOUNT ENCLOSED _____

Credit Card Check

Master Card

Visa

Card Number

 / /

Expiration Date