

KIRKWOOD SUMMER CAMP REGISTRATION

– 2010 –

To enroll your child, complete this form and **MAIL** it to: Kirkwood Camp & Conference Center, 2200 Locust St. Philadelphia, PA 19103 along with a \$50 deposit payable to Kirkwood Camp & Conference Center. We will send a confirmation and statement upon receiving your completed registration.

You Can Also Register Your Child at Kirkwood Camp.org.

Please Print

Camper Name _____ Date of Birth (MM/DD/YY) _____ Gender _____
 Address _____ City _____ State _____ Zip _____
 Current Grade _____ Camper e-mail _____

Parent /Guardian 1

Full Name _____ Relationship to Camper _____
 Address (if different) _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Occupation _____ Employer _____
 Position _____ e-Mail _____

Parent /Guardian 2

Full Name _____ Relationship to Camper _____
 Address (if different) _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Occupation _____ Employer _____
 Position _____ e-Mail _____
 If parents are separated, who has legal custody? _____ Physical custody? _____

Emergency Contact

Full Name _____ Relationship to Camper _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Is the camper a Church Member? _____ If So, Where? _____
 Attended Kirkwood Before? _____ Which Summer(s)? _____
 How or From Whom Did You Hear About Kirkwood Camp? _____
 Please list any relatives who have attended Kirkwood Camp and their relationship to the camper _____

Cabin Mate Request _____
PLEASE NOTE: Cabin mate requests cannot be guaranteed.

Please read and sign! Rules of acceptance and participation in Kirkwood Camp's programs are the same for everyone without regard to race, color, religion, sex, disability, or national origin. Deposit must accompany this form to be valid. Camp deposit is refundable for any reason until May 15th, 2010, upon receipt of your written cancellation notice. After May 15th no deposits are refunded for any reason. After May 15th, fees may be refunded, less the deposit only, in the event of serious illness, hospitalization, or mandatory summer school attendance, any of which can be shown to prohibit rescheduling the camp session to a later one. No refund is given if a child is dismissed from camp for disciplinary reasons. Your signature on these forms indicates acceptance of all rules and policies of Kirkwood Camp and that you are certifying to us that your child is healthy and capable of full active camp participation and is capable of understanding and following all rules.

***ALL FEES ARE DUE BY MAY 15th. AFTER MAY 15TH THERE IS AN ADDITIONAL \$50.00 LATE FEE DUE THE CAMP.**

Signed _____ Date _____
 Deposit check enclosed \$ _____

Please check all appropriate boxes for this camper

Traditional Camp *(entering grades 4-12)*

ONE WEEK SESSIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Session 1
June 27-July 3
Fee \$445* | <input type="checkbox"/> Session 2
July 4-July 10
Fee \$445* | <input type="checkbox"/> Session 3
July 11-17
Fee \$445* | <input type="checkbox"/> Session 4 JUNIOR HI ONLY
July 11-17 NIGHT OWL
Fee \$445* |
| <input type="checkbox"/> Session 5
July 18-24
Fee \$ 445* | <input type="checkbox"/> Session 6
July 25-July 31
Fee \$ 445* | <input type="checkbox"/> Session 7 JOC
August 1-7
Fee \$ 445* | <input type="checkbox"/> Session 8
August 8-14
Fee 445* |

Parent/Child Camp *(entering grades 1-3)*

- | | |
|---|--|
| <input type="checkbox"/> Session 9
June 20-June 23
Fee \$200 For Each Family member attending* | <input type="checkbox"/> Session 10
June 23-June 26
Fee \$200 For Each Family member attending* |
|---|--|

Family Camp

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Session 11
June 20-June 23
Fee \$200 For Each Family member attending* | <input type="checkbox"/> Session 12
June 23-June 26
Fee \$200 For Each Family member attending* | <input type="checkbox"/> Session 13
August 15-18
Fee \$200 For Each Family member attending* | <input type="checkbox"/> Session 14
August 18-21
Fee \$200 For Each Family member attending* |
|--|--|---|---|

- Stay-Over Weekend** July 3rd – 4th ONLY; an additional fee of \$75 applies.

Counselor-In-Training Program *(finishing grade 11 and 17 years old)*

This registration must be accompanied by the CIT/LT application.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Session 15
June 27-July 10
Fee \$880* | <input type="checkbox"/> Session 16
July 11-July 24
Fee \$880* | <input type="checkbox"/> Session 17
July 25-August 7
Fee \$880* | <input type="checkbox"/> Session 18
August 8-August 21
Fee \$880* |
|---|---|--|--|

PLEASE NOTE YOU MUST PICK UP YOUR CHILD ON SATURDAY, 10:00 AND BRING HIM/HER BACK TO CAMP ON SUN.

- Beginners Camp** *(entering grades 2-3)*
Session 19
July 7-July 10
Fee \$200*

Transportation (A minimum of 6 campers are required for transportation to be provided)

- One Way Transportation from the Church on the Mall (Plymouth Meeting, PA) \$25
 One Way Transportation from Kirkwood Camp to the Church on the Mall \$25
 Round Trip Transportation from the Church on the Mall to Kirkwood & from Kirkwood to the Church on the Mall \$45

Pick up and drop off are at 1:00. There is a late fee of \$25 if you are late for picking up your child.

***ALL FEES ARE DUE BY MAY 15th. AFTER MAY 15th THERE IS AN ADDITIONAL \$50.00 LATE FEE DUE THE CAMP.**

Camp Web Site: KirkwoodCamp.org

Additional Forms

- Medical Form (Required) • Camper Information Form (Required) • Program Waiver (Required) • Parent Handbook (For review)

The documents listed are available on our website above or will be mailed at your request.