

Windber Recreation Park - Summer Camp 2019

Application and Agreement Form

Child's Name (List Siblings on Separate form): _____

Parent's/Legal Guardians Name: _____

Home Address: _____

Date of Birth: _____ Home Telephone # _____

Father's Work/Cell# _____ Mother's Work/Cell # _____

Allergies: _____

Special Accommodations: _____

Anticipated drop off and pick up times during camp sessions: (Ex: M 8 am / 4pm)

M: _____ T: _____ W: _____ Th: _____ F: _____

The weekly fee for the 5-day summer camp Program is \$100.00 per week prepaid or single days at \$25.00 per day. Each additional sibling attending same 5 day week receives a discount rate of \$70.00 per week or \$20.00 per day per sibling.

These are flat fees applied to each weekly session. No refunds or credits for unused days during paid week.

Summer Camp hours are 7:15 am to 5:30 pm Monday through Friday. Pick-ups after 5:30pm will be assessed a late fee of \$5.00 per half-hour.

Summer Camp Registration

Please indicate the weeks requested for summer camp. After 5/31/18, registration should be arranged one week in advance of the requested camp session. Payments must be made by the **FRIDAY** prior to camp session week.

Make checks payable to **Windber Municipal Authority**. Payment may be sent to the WMA Office at 1605 Graham Avenue, Windber, PA 15963. Phone: (814) 467-6696. Payment can be made in person Mon- Fri, 9:00 am to 3:00pm at the Community Building Front Desk.

Payments will not be accepted by counselors at the Windber Recreation Park

Note: \$35.00 penalty fee will be applied to any returned checks.

1.	{ }	Summer Kick-Off	6/10 - 6/14	\$100.00/\$70.00 (Sibling)	\$ _____
2.	{ }	Have a Ball Week	6/17 - 6/21	\$100.00/\$70.00 (Sibling)	\$ _____
3.	{ }	Camping/Nature Week	6/24 - 6/28	\$100.00/\$70.00 (Sibling)	\$ _____
4.	{ }	4 th of July Week	7/1 - 7/5	\$100.00/\$70.00 (Sibling)	\$ _____
5.	{ }	Culinary Week	7/08 -- 7/12	\$100.00/\$70.00 (Sibling)	\$ _____
6.	{ }	Art Week	7/15 -- 7/19	\$100.00/\$70.00 (Sibling)	\$ _____
7.	{ }	Holiday Celebration Week	7/22 -- 7/26	\$100.00/\$70.00 (Sibling)	\$ _____
8.	{ }	Around the World Week	7/29 - 8/2	\$100.00/\$70.00 (Sibling)	\$ _____
9.	{ }	Science Week	8/5 -- 8/9	\$100.00/\$70.00 (Sibling)	\$ _____
10.	{ }	Summer Send-Off	8/12 -- 8/16	\$100.00/\$70.00 (Sibling)	\$ _____

Amount Enclosed \$ _____

Total Camp Fees \$ _____

Fees cover camp costs, supplies, and snacks. This is a day camp. The summer camp hours are **7:15 am to 5:30pm**, Monday through Friday, Parents/Guardians provide transportation to and from the Recreation Park. Breakfast and one mid-day snack are included in the fees. Parents are to provide daily lunch meals. Space in Summer Day Camp cannot be guaranteed without payment. I have read and understand the terms of this agreement;

Signature: _____ Date _____

Printed Name of Signature/Relationship to Child: _____