



EASTTOWN TOWNSHIP
SUMMER RECREATION PROGRAM

MONDAY, JUNE 30, 2014
THROUGH FRIDAY, AUGUST 8, 2014
NO CAMP ON FRIDAY JULY 4th

MONDAY THRU FRIDAY MORNING FROM 9 AM UNTIL NOON. RAIN OR SHINE!
ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED ON
CHILD'S START DATE OF CAMP.

CAMP HELD AT HILLTOP PARK AT NEWTOWN AND BEAUMONT ROADS, DEVON.

ARTS AND CRAFTS, GAMES, WATER FUN, COMPETITIVE AND COOPERATIVE
SPORTS, MAGICIANS, TREASURE HUNTS, "SCIENCE IN THE SUMMER" PROGRAM.

CAMP IS FOR CHILDREN WHO HAVE COMPLETED KINDERGARTEN THROUGH EIGHTH
GRADE. PLEASE, NO CHILDREN WHO ARE ENTERING THE 9TH GRADE IN SEPTEMBER.
THERE ARE NO EXCEPTIONS. THERE ARE NO RESIDENCY REQUIREMENTS.

CAMP FEES: \$50.00 PER WEEK FOR THE FIRST CHILD; \$70.00 PER WEEK FOR TWO
CHILDREN IN THE SAME FAMILY; AND, \$90.00 PER WEEK FOR THREE OR MORE
SIBLINGS IN THE SAME FAMILY.

**YOUR CHILD MUST BE PRE-REGISTERED PRIOR TO THEIR START DATE OF CAMP.
NO REGISTRATIONS WILL BE ACCEPTED ON THE SAME DAY AS THE PARTICULAR
CAMP SESSION BEGINS. IF LATE REGISTRATION - YOU WILL BE CHARGED AN
ADDITIONAL \$10.00 PER CHILD. WHEN COMPLETING APPLICATION, PLEASE
INDICATE WEEK OR WEEKS CHILD WILL BE ATTENDING. PAYMENT IN FULL IN
ADVANCE IS REQUIRED FOR ALL WEEKS OF ATTENDANCE.

FINANCIAL ASSISTANCE IS AVAILABLE FOR EASTTOWN RESIDENTS ONLY AND IS
KEPT CONFIDENTIAL. CONTACT TOM TOSCANI AT 566 BEAUMONT ROAD, DEVON,
PA 19333.

CAMP TRANSPORTATION IS AVAILABLE AT NO CHARGE TO AND FROM THE
EASTTOWN LIBRARY PARKING LOT AT 720 FIRST AVENUE IN BERWYN.

REGISTRATION FORMS: EASTTOWN TOWNSHIP MUNICIPAL BUILDING, 566 BEAUMONT RD.,
DEVON; OR EASTTOWN LIBRARY, 720 FIRST AVE., BERWYN; OR VISIT www.easttown.org TO
DOWNLOAD A COPY OF THIS FORM.

EASTTOWN TOWNSHIP SUMMER RECREATION PROGRAM
PRE-REGISTRATION FORM

MONDAY, JUNE 30 THROUGH FRIDAY, AUGUST 8, 2014

Camp during weekdays only
9:00 AM to 12:00 Noon
HILLTOP PARK
570 Beaumont Road, Devon

Bus Available at Easttown Library

720 First Avenue, Berwyn
Leaves for Hilltop Park: 9:00 a.m.
Returns to Library: 11:55 a.m.

FEE: *Registration fees are **non-refundable** and due at time of application.*
PER WEEK \$50.00 per child (successfully completed kindergarten through seventh grade).
\$70.00 for two children from the same family living in the same home.
\$90.00 for three or more children from the same family living in the same home.

****PLEASE DO NOT WAIT UNTIL THE FIRST DAY OF CAMP TO REGISTER YOUR CHILD. IF REGISTERING YOUR CHILD ON THE DAY THEIR CAMP SESSION STARTS, THERE WILL BE AN ADDITIONAL \$10.00 FEE PER CHILD.**

Child's Name: _____

Address: _____

Phone No. _____

Date of Birth: _____ **Age** (AS OF June 30th, 2014) _____

Camper's Grade _____ **School:** _____
(AS OF SEPT 2014)

PLEASE INDICATE HOW YOUR CHILD WILL BE LEAVING CAMP:

Bus _____ **Car** _____ **Walker** _____ **Other:** _____

I understand that my child is expected to stay each day, Monday through Friday, 9:00 AM until 12:00 noon. I will take responsibility for his/her arriving each day at camp and leaving promptly at 12:00 noon, understanding that failure to do so will result in my child not participating in the program, as determined by the Camp Director. I also understand that there is no assurance of my child's placement with a friend or particular group of children in the summer recreational program.

NOTE: A telephone number must be provided where you can be reached during the hours of camp. In the event of an emergency, if you are unable to be reached, your child will not be permitted back into camp until the situation is corrected.

I understand that the Summer Recreation Program activities include active physical recreation. To the best of my knowledge and belief, there are no physical limitations that I am aware of.

Parents Signature: _____ **Fee Paid:** _____

***PLEASE INDICATE ALL weeks they will be attending (6/30, 7/7, 7/14, 7/21, 7/28, 8/4) _____ -**



CONSENT FOR EMERGENCY HEALTH TREATMENT

To any provider of medical, dental or health care services:

Consent of the undersigned parent, or legal guardian, is hereby given to administer emergency medical, dental and health services to the minor child listed below:

Child's Name: _____ Age: _____

Allergies: _____ Last Tetanus: _____

Medication Now Taking (including Insulin): _____

Family Doctor: _____ Phone No. _____

Pennsylvania Law requires consent be given before medical, dental or health care services may be rendered to a minor except where in the judgment of the physician, an attempt to secure such consent would result in the delay of treatment which would create a risk to the minor's life or health. Even though you have provided this consent, all reasonable efforts will be made to contact you or responsible members of your family in connection with any emergency treatment.

Signature Please print your name Relationship Date

EMERGENCY INFORMATION

In case of an emergency, please notify:

****THIS WILL** Name: _____ Relationship: _____

****BE THE 1st**

****PERSON**

****WE CALL**

Phone: _____

2nd Choice: Name: _____

Relationship: _____

Phone: _____

3rd Choice: Name: _____

Relationship: _____

Phone: _____