

# CAMP ANGLEWOOD



"67 Years of Fun!"

Send All Correspondence To: Joyce Nejman-Hill  
112 N. Lynnwood Avenue, Glenside, PA 19038-4102  
267-939-4455/CAMP6IRL259@gmail.com

Camp Location:  
900 Rock Lane, Elkins Park, PA  
[www.campanglewood.com](http://www.campanglewood.com)

## 2019 CAMPER APPLICATION FORM

June 17 Thru August 23, 2019

CAMPER'S NAME: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIPCODE

Date of Birth: \_\_\_\_\_ Age (As of June 2019): \_\_\_yrs. \_\_\_mos. School (As of Sept 2019): \_\_\_\_\_ Grade (As of Sept 2019): \_\_\_\_\_  
month/day/year

Parent#1: Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different from above): NUMBER STREET CITY STATE ZIPCODE

Parent#1: Occupation & Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent#2: Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different from above): NUMBER STREET CITY STATE ZIPCODE

Parent#2: Occupation & Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional phone numbers: (Person, relationship, phone #): \_\_\_\_\_

Please notify the camp office as soon as possible of any changes in home addresses, emails, or phone numbers.

Please indicate which weeks your son or daughter will be attending camp: (Select weeks below)

Week 1: Jun 17-21	Week 2: Jun 24-28	Week 3: Jul 1-5*	Week 4: Jul 8-12
Week 5: Jul 15-19	Week 6: Jul 22-Jul 26	Week 7: Jul 29-Aug 2	Week 8: Aug 5-9
Week 9: Aug 12-16	Week 10: Aug 19-23	FULL SEASON: All 10 Weeks: Jun 17 - Aug 23	

\* Camp Closed for July 4<sup>th</sup> observation. All dates subject to change due to school calendars.

### 2019 Tuition Schedule

All applications must be accompanied by a deposit of \$500. The balance of tuition is due on **April 15, 2019**. If campers enroll after **April 15, 2019**, the balance of their tuition is due immediately upon enrollment acceptance. Failure to pay the balance by the due date may result in loss of weeks attending when Camp Anglewood becomes fully subscribed.

Weeks Attending →	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	7 Weeks	8 Weeks	9 Weeks	10 Weeks
Excluding Camp Transportation	\$560	\$1120	\$1680	\$2240	\$2800	\$3360	\$3900	\$4200	\$4450	\$4650
Including Camp Transportation	\$615	\$1230	\$1845	\$2460	\$3075	\$3690	\$4250	\$4550	\$4800	\$5000
Extended Hours/No Trans.	\$620	\$1240	\$1860	\$2480	\$3100	\$3720	\$4325	\$4625	\$4875	\$5075

### Available Tuition Discounts: Call For Details !

**New Camper Discounts:** Campers must be new to Anglewood in 2019.

**Early Signup Discounts:** Available to ALL campers signed up by 1/15/2019.

**Referral Discounts:** Available to new and returning campers.

**Sibling Discounts:** Available to new and returning campers

**Driver and Nurse Discounts:** Join our staff and receive a discount!

>> **Flexible Scheduling Options** <<

Part time prorated weeks are available.

Extended Hours are available daily as needed. (\$15/day billed separately)

Regular Camp Hours: 8:15 am (drop off by 9:00 am) to 4:15 pm (pick up starts at 3:45 pm)

Extended Hours: drop off as early as 7:30 am and pick up as late as 5:30 pm

Please complete reverse side (2nd page) of application

[www.campanglewood.com](http://www.campanglewood.com)

**Medical Information:** (please attach additional sheets if necessary)

Please list all daily medications: \_\_\_\_\_

Please describe all allergies and medical concerns: \_\_\_\_\_

**Enrollment Terms and Conditions**

Prior to enrollment parents must disclose all pre-existing physical, mental, or medical conditions or disabilities of their camper. Parents are also required to do this with newly diagnosed or discovered conditions during the camp season. This is necessary to allow Camp Anglewood to adequately protect, treat, and support all campers to insure their safe and fun time at our camp. Signature below indicates that the campers parents release Camp Anglewood, LLC from any and all claims, causes, or liabilities and agrees to indemnify and hold Camp Anglewood, LLC harmless in connection with any injuries or damages sustained as a result of any such non-disclosure.

All Camp Anglewood health forms are required and must be sent in to the camp office by June 1, 2019 or accompany the camper on his first day if enrollment occurs after June 1, 2019. Health forms are available on the camp web site or call to request paper copies.

Camper acceptance is subject to space availability and the approval of the Camp Director, who reserves the right to deny, cancel or suspend enrollment of a camper if deemed, solely by the Camp Director's evaluation, to be in the best interest of the camper or if applicable, in the interest of other campers and the camp in general. If a camper is not accepted, all deposits will be refunded.

The Camp Director also reserves the right to terminate a camper's enrollment at anytime during his enrollment if the camper's physical activity, behavior, conduct, or mental condition is deemed unsatisfactory, unacceptable, or detrimental to the best interest and safety of the camper, other campers, staff, or the camp in general. Failure to follow camp rules (see website) are also grounds for termination.

Tuition refunds are not granted for missed days, late arrivals, early pickups, or withdrawals from the program. Tuition refunds are also not granted for terminated enrollments. *There will be no refunds after April 15, 2019.* Late fees may apply for outstanding balances after April 15, 2019.

Any bank charges that Camp Anglewood incurs due to returned checks will be added to the balance due. All discounts (early registration, sibling, referral) are contingent upon the balance due being paid in full by April 15, 2019. All accounts with balance dues after April 15, 2019 are subject to loss of any and all discounts with the outstanding balance is due immediately.

Camp Anglewood is not responsible for camper's personal belongings that are brought to camp. We recommend that personal items (cell phones, electronic toys/games, etc.) be left at home and all articles of clothing have the camper's name clearly marked.

Parents consent to all pictures and videos taken by Camp Anglewood, LLC or its agents to be the Camp's property for use on its website and in marketing material, brochures, ads, etc.

Parents give permission for their camper or campers to participate in all special events at camp including sports team visits, Carnival, and the Twilight event.

Parents or Guardians understand that some of the activities offered by Camp Anglewood, LLC may be rigorous and demanding, and believe that their child can participate in the program with no limiting predisposed health risks other than any cited on the Camp Anglewood, LLC Health Form. Parents or Guardians will release and hold harmless Camp Anglewood LLC, its agents, representatives and employees from any and all liability to them or their child as a result of his/her attending the summer camp program. Parents or Guardians hereby give permission to the representative of Camp Anglewood, LLC to permit hospital personnel and /or a licensed physician to perform emergency treatment and inject or administer drugs in conjunction with such emergency treatment. In case of a medical emergency, every effort will be made to contact the parents or guardians of the camper. In the event that they cannot be reached, they hereby give permission to the physician selected by the hospital to secure proper treatment, order injections, administer anesthesia, or perform surgery for their child named on the reverse side of this form. Parents or Guardians give permission for Tylenol/Motrin/Benadryl to be given at the Nurse's discretion if unable to contact parents.

**Parent's Signature:** All applications require a signature below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a new camper, how did you hear about Anglewood? Internet/Website MoneyMailer  
Facebook Instagram Word-of-Mouth School Directory Ad Other(specify) \_\_\_\_\_

Camper would like to be grouped with: (A) \_\_\_\_\_ (B) \_\_\_\_\_

**Extended Hours** (7:30 AM to 5:30 PM): please indicate which days: Mon Tue Wed Thu Fri or N/A

Please indicate your **Transportation Preference:** Camp Provides or Parents Provide

**Payment Preference and Credit Card Information**

My check is enclosed. Amount Enclosed: \$ \_\_\_\_\_

I authorize Camp Anglewood to charge my credit card for the initial deposit of \$500 for each camper.

I authorize Camp Anglewood to charge my credit card for the initial deposit of \$500 and the balance due on April 15, 2019 for each camper.

Credit Card Type: Visa MC Discovery

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name & Address on card: \_\_\_\_\_

Signature: \_\_\_\_\_