

SRV SUMMER CAMP
20 School Lane, Rose Valley, PA 19063 (610) 566-8855
www.theschoolinrosevalley.org

2010 COUNSELOR-IN-TRAINING APPLICATION FORM

Please fill out entire form (front and back) and return with your deposit of \$200 per child. The entire deposit will be applied toward your child's camp tuition; \$100 of the deposit is non-fundable unless your child is not accepted into the CIT program, then the entire deposit will be refunded. Payment for the balance of the camp tuition is due by June 1. Please note that if your child is accepted into our CIT program, we ask that they commit to at least 4 weeks of camp, but we prefer that they spend the entire 7 weeks with us. The deadline for registration is April 1, 2010. A \$25 late fee must accompany applications received after April 1. Please make your check payable to SRV Summer Camp and send it with this application, essay and letter of recommendation to the above address.

Camper Information [The CIT program is for teens who are finishing 7th and 8th grade.]

First Name: _____ Last Name: _____

Birth date: _____ Age as of 6/21: _____ Gender: _____ Nickname: _____

Camper's School: _____ Grade for upcoming school year: _____

ENROLLMENT

7-Week Season ~ June 21 to August 6 (\$2,350 tuition; \$2,200 for former SRV students)

(For your second child, there is a **sibling discount** of \$100 for the 7-week season, or \$10 a week.)

[*Camp will be closed on July 5th for the holiday.]

Weekly Enrollment (\$400 per week)

June 21
July 19

June 28
July 26

July 6*
August 2

July 12

FREE TO BE WEEK ~ August 9 to 13 ~ 8:30 to 3:30. Activities and swimming. Limited enrollment; priority given to campers here for 7 weeks. (**\$400 fee for the week must be included with application; this fee (and your deposit) will be refunded if your child isn't accepted as a**

PLEASE TELL US ABOUT your child's interests and camp-related experiences that will support their application to the CIT program. Please include a letter of recommendation:

PARENT INFORMATION

First Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____

Second Parent/Guardian Name: _____

Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____

How did you hear about SRV Summer Camp? Friend Other
If you checked "Other," please tell us how you heard about us. _____

***** Please read, sign and date the other side of this form.*****

Office Use Only // Amt Rec'd \$ _____	Date Rec'd _____	Check # _____	Balance Due \$ _____
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TERMS OF ENROLLMENT AGREEMENT -- Please read, sign and date

- 1) I understand that applications submitted before April 1 must include a **deposit of \$200 per child; all of the deposit is applied toward tuition; \$100 of the deposit is non-refundable.** Each application submitted **after April 1 must also include a \$25 late fee that is not applied to tuition.** The balance of the tuition payment is due by June 1. Applications submitted after June 1 must include the full tuition payment.
- 2) I understand that my child may not attend camp if the entire tuition bill is not paid by June 1 unless special arrangements have been agreed to in writing by the camp director and that my camper's enrollment may be cancelled if a balance remains after June 1, and that spot given to a child on the waiting list. I understand that if my account is overdue for more than 30 days, I will be responsible for a **monthly finance charge** of 1_ % (an annual rate of 18%), plus any collection costs.
- 3) I understand that I may change my camper's schedule by giving the camp at least **two-weeks' written notice.** A refund for weeks not attended (beyond the 2-week notice period) will be given, less a \$100 administrative fee. Camp is unable to reduce or reimburse fees for days missed due to illness, vacations or other reasons as the program and personnel expenses assume a camper's original enrollment. If a camper misses an entire week due to illness, a make-up week may be possible, depending upon availability.
- 4) I understand that if my camper is not picked up at the end of camp he or she will go to camp's **extended day program** and I agree to pay the \$ 7 per hour fee and any late charges for pick ups after the 6 pm deadline.
- 5) My camper and I agree to abide by the **rules and regulations** set by the camp for the health, safety and welfare of the campers. I understand that camp reserves the right to deny enrollment, or to suspend, or dismiss a camper if it considers this to be in the best interests of the camp or camper, in which case the deposit and/or unused camp fee will be refunded.
- 6) SRV Camp believes that a **positive relationship between camp and camp families is essential** to fulfillment of the camp's purposes; it is important that we can communicate and work well together. Camp reserves the right not to continue enrollment or not to re-enroll any camper if the camp reasonably concludes that the actions of a camper, parent or guardian make a positive relationship not possible or seriously impair camp's accomplishment of its purpose. Camp's decision shall be final; if a camper is dismissed from the program, camp will refund any unused camp tuition.
- 7) **Special Needs** – We are a typical peer camp, not a “therapeutic environment;” our interventions and plans are geared toward typical peers. However, we welcome children with special needs as long as their needs are such that we can accommodate them with the additional attention needed by camp and the support provided by the family. If your child has special needs, you must speak with director before applying and provide your child's current IEP, diagnosis, and a list of current services with your application. It is also highly recommended that you share their current treatment plans and goals so that we can get to know your child and their special needs. Camp may also request an opportunity to meet with you and your child to assess whether we can meet your needs and have a productive relationship. After review, the director will let the family know whether this program seems to be a good fit with the proposed support, and admission will be on a trial basis. There will be an additional \$50 per week (or \$250 per season) fee to cover the additional time needed by camp for meetings, paperwork, communicating with their support personnel, and oversight, etc. (Limited financial aid is available to all families based on financial need.) Children requiring a TSS must always be accompanied by a TSS; if a child's aide is unavailable, the child may not attend camp that day. Camp staff is neither trained nor equipped to provide those services.
- 8) I understand that camp is not responsible for my camper's **personal belongings**, but that camp will make every effort to provide proper supervision so that the risk of loss will be at a minimum. I will clearly mark all of my camper's clothing and other belongings with my child's name. I understand that **campers may not bring electronics, toys or Magic, Pokeman or other such cards to camp.**
- 9) I hereby grant **permission** for my camper to participate in all camp programs and activities.
- 10) I agree that camp may use **photographs and comments** of my camper(s) and myself in camp publications and promotional material (including SRV camp's website), and for media coverage of camp events.
- 11) I agree to **drive slowly and carefully** on School Lane (10 mph) and in the parking lot (5 mph).
- 12) I give permission for camp to administer sunscreen and **first aid treatment** to my child and, if necessary, to have my child transported to a local hospital for medical treatment. I understand that I will give permission and specific instructions for camp staff to administer medication that I request be given to my child during camp.
- 13) I understand that SRV takes reasonable precautions to assure the safety and well-being of my child, and that even after taking such precautions, accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to attend SRV camp and participate in these programs. I hereby release, discharge, and agree to indemnify SRV, SRV camp, their officers, directors and employees from all damage and injury to my child or his or her property related to or arising out of my child's attendance at SRV camp.

I/WE UNDERSTAND AND AGREE TO BY BOUND to the terms of enrollment stated above.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Camp will send you a copy of this contract.