

Summer Fun



CAMP CAPS

CHILD'S NAME: _____

BIRTH DATE: _____ AGE: _____

PARENTS' (Guardian) NAMES: _____

ADDRESS: _____

EMAIL _____ PHONE: _____

Please list any of your child's allergies, medications or illnesses relevant to camp participation: _____

Weeks camper will attend (circle at least two days in any week your child is attending)

June 20, 21, 22, 23, 24 June 27, 28, 29, 30, July 1, July 5, 6, 7, 8 July 11, 12, 13, 14, 15

July 18, 19, 20, 21, 22 July 25, 26, 27, 28, 29 Aug. 1, 2, 3, 4, 5 Aug. 8, 9, 10, 11, 12

Aug. 15, 16, 17, 18, 19

Camp hours are 9-12 daily. Camp is closed July 4th. An extended day is available until 3:00 and early drop off is available at 8:30. Details will be provided with camp packet in May

Fees per week 2 days \$80 ____ 3 Days 115.00 ____ 4 Days 150.00 ____ 5 Days \$180.00 ____

The following discounts are available. Please note that each family is eligible for only one discount. Children signed up for the entire 9 weeks receive a 5% discount off the rates. Siblings receive 5% off.

(Parent Signature)

(Date)

Please return application with \$20.00 application fee to:

CAPS

8300 Germantown Ave
Philadelphia, PA 19118

215-247-4233