



www.HOLLAND DAY CAMP.com

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A TRADITION OF EXCELLENCE SINCE 1978

	Last Name / First Name	Full/Half Day	Male/Female	Date of Birth	Grade as of Sept. 2008
CAMPER 1	_____	_____	_____	___/___/___	_____
CAMPER 2	_____	_____	_____	___/___/___	_____
CAMPER 3	_____	_____	_____	___/___/___	_____

SESSIONS: 8 WEEKS, FIRST 4, LAST 4, 6 or 7 WEEKS (PROVIDE DATES) _____
 CAMPER 1 _____ CAMPER 2 _____ CAMPER 3 _____

NAMES OF FRIENDS YOU WOULD LIKE US TO TRY TO GROUP WITH YOUR CHILDREN

CAMPER 1 _____
 CAMPER 2 _____
 CAMPER 3 _____

FULL NAMES OF PARENTS OR GUARDIANS: _____

RESIDENCE _____ TOWN _____ ZIP _____

COMMUNITY _____ MAJOR INTERSECTIONS _____ SCHOOL _____

HOME PHONE (____) _____ - _____ DAD'S WORK(____) _____ - _____ MOM'S WORK(____) _____ - _____

EMERGENCY CONTACTS: PHONES, BEEPERS, PAGERS, NAMES ETC. _____

EXTENDED HOURS: AVAILABLE IN PLACE OF TRANSPORTATION FROM 7 AM TILL 6 PM.
 IF YOU WOULD LIKE EXTENDED HOURS PLEASE INDICATE THE TIMES! AM DROP-OFF _____ PM PICK-UP _____

SHOULD YOU CHOOSE TO PROVIDE YOUR OWN TRANSPORTATION, AND NOT TAKE ADVANTAGE OF OUR EXTENDED HOURS PROGRAM, YOU MAY SAVE \$30 PER CAMPER / PER WEEK.

THIS MEANS YOU WILL PROVIDE YOUR OWN TRANSPORTATION BETWEEN THE Hrs. OF 9:00 A.M. & 3:30 P.M.

"I DO NOT WANT TRANSPORTATION OR EXTENDED HOURS." CHECK HERE _____

THIS AREA IS PROVIDED FOR ADDITIONAL INFORMATION. ITEMS MAY INCLUDE DETAILS ABOUT; ALLERGIES, DIET, TRANSPORTATION, ETC.

E-mail Address _____

PLEASE READ THIS SECTION CAREFULLY, THEN SIGN ON THE LINE BELOW.

I've enclosed a \$500 deposit for each camper. **CANCELLATION POLICY:** through March 31, all fees are Refundable. From April 1 to April 30, \$50 will be charged for each camper. After May 1, the entire deposit (\$500 / camper) will be withheld.

Balances / payments are due the first weekend (corresponds with Open House) in May.

You may use your VISA or MASTER CARD to make payments, deposits or pay your balance.

SIGNED _____ DATED _____

IF USING A CREDIT CARD PLEASE COMPLETE THIS SECTION.

AMOUNT OF THE CHARGE \$ _____, DATE TO BE CHARGED ____/____/____

VISA or M.C., CARD # _____ - _____ - _____ EXPIRES ON: ____/____/____

PRINT YOUR NAME AS IT APPEARS ON THE CARD: _____

IMPORTANT: KINDLY MAKE A PENCIL IMPRESSION OF YOUR CREDIT CARD ON THE BACK OF THIS FORM.
