



TABOR CHILDREN'S HOUSE INC.

## Tabor Sr. Camp Registration Form

### Enrolling Directions:

- #1 - Complete this registration form
- #2 - Read and Sign Parent Handbook Receipt
- #3 - Submit a \$25 non-refundable application fee and two week's tuition to be applied to the first two weeks of camp.

Child's

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_

Parent or Guardian's Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Work # \_\_\_\_\_

School District \_\_\_\_\_

Name of School \_\_\_\_\_ Grade Completed in

June \_\_\_\_\_

Please indicate the days your child will be attending Tabor Camp keeping in mind that we offer a 5, 3, or 2 day week. You are contracting the following times for your child to attend camp so you are responsible for tuition for these dates. We will try to accommodate changes when possible but written notice to the office is required 2 weeks prior to any changes. You will be held responsible for payment if changes are made with less than 2 weeks notice.

Camp hours are from 7:00am until 5:30pm.

Hours your child will be attending: arriving \_\_\_\_\_ am departing \_\_\_\_\_ pm

Child's Name: \_\_\_\_\_

In the chart below:

“T” - in the blocks your child will attend Sr. Tabor Camp (completed 1<sup>st</sup> grade-12)

“A” - for the week (Mon.-Thurs.) your child will attend Adventure Camp (ages 12-15)

“CIT” - for the week your child will attend the Counselor in Training Program (ages 13/completed 7<sup>th</sup> grade-15)

Wk	Date	Monday	Tuesday	Wednes.	Thursday	Friday
1	June 22-26					
2	June 29-July 2					<b>CLOSED</b>
3	July 6-10					
4	July 13-17					
5	July 20-24					
6	July 27-31					
7	August 3-7					
8	August 10-14					
9	August 17-21					

We understand that we are contracting for the dates indicated above. We agree and understand all conditions and procedures of camp.

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Price Guide:**

- Sr. Camp Program 5 Days - \$245.00                      Second Child Discount - 10%
- Sr. Camp Program 3 Days - \$170.00
- Sr. Camp Program 2 Days - \$150.00
- CIT Program (5 Day Only) - \$100.00
- Teen Adventure Camp (4 Day Only, Mon.-Thurs.) -\$250.00

Early Payment Discount - 3% when all paperwork, registration, and tuition is paid in full by June 1<sup>st</sup>.



## Tuition Agreement

\*In order to attend, the registration form, application packet, a \$25 non-refundable application fee, and two week's tuition need to be turned into the office 10 days prior to the child's start date.

\*If any account is delinquent for two weeks, we will require full summer tuition in advance in order for your child/ren to continue attending. There is a \$35 fee for any returned check and further payment will need to be made by money order, cash, or credit card.

I understand that I am contracting for my child to attend camp on the dates you have chosen on your application. I am responsible for timely payment of tuition for these dates.

Tuition is due the Wednesday before each week your child will be attending. Your child may not attend that week of camp unless tuition for the week is paid in full.

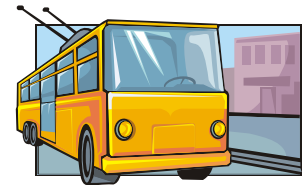
\*There are no refunds for holidays or days missed.

Parent Guardian Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Transportation/Field Trip Policy



I have read and agree to the Transportation/Field Trip Policy. I give my child/ren permission to ride on the bus or Tabor vans to all scheduled field trips. I understand that there is no care available for my child/ren if they arrive after the bus has departed.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



TABOR CHILDREN'S HOUSE INC.

## CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin(including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent/guardian or students who believes they have been discriminated against, may file a complaint of discrimination with any of the following.

Tabor Children's House  
601 New Britain road  
Doylestown, PA 18901  
215-345-5877

Department of Public Welfare Bureau of Equal Opportunity Room 223, Health & Welfare Building PO Box 2675 Harrisburg, PA 17105	PA Human Relations Commission Philadelphia Regional Office Room 711, Philadelphia SOB 1400 Spring Garden Street Philadelphia, PA 19130
U S Department of Health & Human Services Office of Civil Rights Suite 372, Public Ledger Building 150 South Independence Mall West Philadelphia, PA 19106-9111	Bureau of Equal Opportunity South Eastern Regional Office Room 1105-B Philadelphia SOB 1400 Spring Garden Street Philadelphia, PA 19130-4088

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



TABOR CHILDREN'S HOUSE INC.

# Parent Handbook Receipt



By signing this agreement you acknowledge that you have read and will abide by the policies described in the Sr. Camp Parent Handbook. These policies include but are not limited to the following...

1. Items your child should and should not bring to Tabor.
2. Drop-Off and Pick-Up Procedures
3. Tuition Policy
4. Behavior Policy
5. Pool/Swimming Policy
6. Health Policy
7. Emergency Contact
8. Civil Rights Compliance
9. Transportation /Field Trip Policy

I also certify that to the best of my knowledge all of the information I have provided is true and accurate, which includes the physical examination form and emergency contact form in this packet.

Child/ren's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Photo and Information Release

The following are optional agreements!

By signing below, I give Tabor Children's House permission to take photos of my child during regular activities and to use these photos for Marketing.

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I give Tabor Children's House permission to release my name and address to Tabor Children's Services in order to receive Tabor Agency information.

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Contact/ Parental Consent Form

<b>Child's Name</b>	Birthdate(m/d/yyyy)
Address	Home Phone (    )    -
<b>Mother's Name/ Legal Guardian</b>	Home Phone (    )    -
Address	Cell Phone (    )    -
Business Name	Work Phone (    )    -
Address	
<b>Father's Name/Legal Guardian</b>	Home Phone (    )    -
Address	Cell Phone (    )    -
Business	Work Phone (    )    -
Address	
<b>Emergency Contact Person(s):</b>	Daytime Phone (    )    -
1.	
2.	Daytime Phone (    )    -
3.	Daytime Phone (    )    -
<b>Person(s) to whom child may be released:</b> Address	Daytime Phone (    )    -
Address	Daytime Phone (    )    -
Address	Daytime Phone (    )    -
<b>Name of Child's Physician/Medical Care Provider</b>	Office Phone (    )    -
Address	
Special Disabilities(if any)	
Medical/Dietary information need in an emergency	Allergies
Additional Information on Special needs of child	Medication Special Conditions
Health insurance Coverage for Child/Medical Assistance Benefits	Policy #
Parental Consent is Required for Each Item below Please use full signature	Initial Below
<b>Obtaining Emergency Medical Care</b> _____	Walk & Trips _____
<b>Admin. of Minor First Aid</b> _____	Swimming _____
<b>Transportation by the Facility</b> _____	Wading _____

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Signature of Parent or Guardian

Fall Review

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Date

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Signature of Parent or Guardian

Spring Review

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Date