

Peoples Settlement Association
ROCKY RUN & PSA DAY CAMP

408 East 8th Street
 Wilmington, DE. 19801
 (302) 658-4133 Fax (302) 658-7406
 www.psassociation.org



JUNE 18 THROUGH AUGUST 17, 2007

6:30 a.m. to 5:30 p.m. Monday through Friday

Date: _____

CIRCLE ONE PLEASE (BELOW)

ROCKY RUN CAMP (AGES 5YRS - 13YRS - MUST HAVE COMPLETED KINDERGARTEN)
PSA CAMP (AGES 3YRS TO 5YRS - POTTY TRAINED)

Full name of applicant

First

M.I.

Last

Full address _____

M/F _____ **Date of Birth** _____ **Age:** _____ **T- Shirt Size** **M L XL**

Last grade completed _____ **Last school attended** _____

Previous camper Y or N

How did you find out about us? _____

Circle ***ROCKY RUN CAMP ONLY***

Desired Session (\$300.00) 1 (6/18) 2 (7/9) 3 (7/30)

Desired Weeks (\$125.00) 1 (6/18) 2(6-25) 3(7-2) 4 (7-9) 5 (7-16) 6 (7-23) 7 (7-30) 8 (8-6) 9 (8-13)

****Full payment is needed before each week or session** Parents are responsible for absent days****

Parent/Guardian Information

Name _____

First

Last

Relationship

Home address _____

Street

Apt#

City

State

Zip

Home Phone _____ Work Phone _____ Cell# _____

E-Mail _____

I certify that I am the responsible party for billing and providing information _____



STUDENT'S NAME _____

Additional contact

Name _____

First

Last

Relationship

Home address _____

Phone _____ Cell phone _____

Additional contact

Name _____

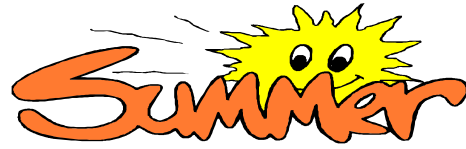
First

Last

Relationship

Home address _____

Phone _____ Cell phone _____



Walking Trip Permission Slip

My child _____ has permission to accompany his/her class at Peoples Settlement Association/Rocky Run Camp on neighborhood walks and field trips. I understand that the children will be properly supervised, and that I will be informed ahead of time as to the times of departure and return of field trips.

(Parent signature)

(Date)





Authorized Pick Up

Child's Name: _____

Who is authorized to pick up your child: (Children will only be released to the listed individuals, All persons authorized MUST BE 18 yrs or older with valid I.D. For security purposes we will not accept phone calls for permission to release a child to an unauthorized person (Someone not listed).

Children are not permitted to walk home.

Parent Signature _____ **Date** _____

4 Digit Security Code _____

(Please make sure all listed Person's know the 4-digit security code).

Authorized Pick Up List

1. _____ **Relationship** _____ **Phone** _____
2. _____ **Relationship** _____ **Phone** _____
3. _____ **Relationship** _____ **Phone** _____
4. _____ **Relationship** _____ **Phone** _____
5. _____ **Relationship** _____ **Phone** _____
6. _____ **Relationship** _____ **Phone** _____

**ALL CHANGES OR ADDITIONS MUST BE MADE AT THE OFFICE
(NO PHONE CALLS WILL BE ACCEPTED)**



STUDENTS NAME _____

PHYSICIAN'S NAME _____ Phone _____



Medical Release Form

In the event of a medical emergency I, _____ the parent/guardian of _____ do authorize Peoples Settlement Association to seek medical treatment for my child.

I agree to assume all expenses for moving and medically treating my child. My consent includes any treatment deemed necessary. Including but not limited to surgery, diagnostic procedures, or the administering of anesthesia.

I understand every attempt will be made to contact me at the numbers listed on the application. This agreement will remain in effect as long as my child is in attendance at Peoples Settlement Association.

PLEASE LIST ANY ALLERGIES OR MEDICINES NEEDED BELOW

ALLERGIES

MEDICATIONS NEEDED (DURING CAMP TIME)

**ALL (MEDICATIONS MUST BE BROUGHT TO THE OFFICE -
INCLUDING ASTHMA PUMPS/INHALERS**

**A medication form must be filled out before any medication is administered -
medicine must be in it's original container & must be prescribed by a licensed
physician**no exceptions****

Parent/guardian signature _____ date _____

PEOPLES SETTLEMENT ASSOCIATION

WHAT DO I NEED TO ENROLL MY CHILD IN CAMP?



PSA CAMP 3yrs – 5yrs (toilet trained)

\$10.00 processing fee (non-refundable)
Current physical w/lead screening
2-week payment of \$200.00 or purchase of care agreement
w/2 week co-payment
Tuition is \$100 wk

ROCKY RUN CAMP 5yrs to 13yrs (must have completed kindergarten)

\$25.00 processing fee (non-refundable)
Current physical
2 week payment \$250.00 or purchase of care agreement
w/2 week co-payment
Tuition is \$125 wk

****Sorry no sibling discounts for summer program****
****July 4 -Holiday (Included in tuition) CAMP CLOSED**
****No refunds for missed days (tuition weekly)- or for missed trips**

Students will receive a free camp shirt when camp begins!

SUMMER CAMP

JUNE 18 THROUGH AUGUST 17, 2007

6:30 A.M. TO 5:30 P.M. (MON-FRI)

Campers need to report by 9:00 a.m.

NO OPEN TOED SHOES OR SANDALS ALLOWED
SNEAKERS ARE PREFERABLE