



6757 Greene Street
Philadelphia, Pennsylvania 19119

(215) 848 - 4451

summitchildrensprogram.org

FUN AT CAMP SUMMIT 2009

Name of Child _____ Birth date _____ M/F (please circle)

T-Shirt size; S M L XL (please circle)

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Home Ph _____

Employer _____ Work Ph _____

Relationship to Child _____ E-mail _____

Parent/Guardian _____ Home Ph _____

Employer _____ Work Ph _____

Relationship to Child _____ E-mail _____

Requested Weeks (Please check 6 or more weeks you wish to register for)

___ Week 1: _____ (June 22nd-June 26th) ___ Week 6: _____ (July 27th- July 31st)

___ Week 2: _____ (June 29th-July 2nd) ___ Week 7: _____ (Aug 3rd - Aug 7th)

___ Week 3: _____ (July 6th - July 10th) ___ Week 8: _____ (Aug 10th - Aug 14th)

___ Week 4: _____ (July 13th -July 17th) ___ Week 9: _____ (Aug 17th - Aug 21st)

___ Week 5: _____ (July 20th-July 24th) ___ Week 10: _____ (Aug 24th - Aug 28th)

___ Week 11: _____ (Aug 31st - Sept 4th)

Camp Hours

8:30am-4:30pm Monday-Friday

Extended Care at an additional charge
am 7:30-8:30 pm 4:30-6:00

Application and Enrollment Fees

Please include a \$35 non-refundable registration fee. We need to know who will attend each session in advance. Twenty-five percent of tuition for all selected weeks is due by March 31, 2009. Balance is due in full by or before June 1, 2009. We look forward to spending the summer with your child!

Please make checks payable to: Summit Children's Program.

Signature _____ Date _____