

## Camp Registration

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Enter grade in fall 2015: \_\_\_\_\_

School: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Asthma: YES NO If YES, will your child bring their inhaler? \_\_\_\_\_

### Waiver Agreement

I hereby give the above named participant permission to participate in the Summer Camp at the Wyndcroft School. I/we, in consideration of participation, do hereby agree to hold harmless and indemnify the directors/counselors and staff against any and all injuries sustained as a result of said participation in the summer camp.

Parents' Names: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone : \_\_\_\_\_

Parent Email: \_\_\_\_\_

### SEND REGISTRATION AND PAYMENT TO:

Ken Dorris  
1395 Wilson Street  
Pottstown, PA 19464



# 2015 Summer Camp



## The Wyndcroft School

1395 Wilson Street  
Pottstown, PA 19464



## *Educational and Exciting Activities Including:*



*Plus all of your favorite P.F. games*

## *Three Weeks Available:*

Week One- June 8-12

Week Two- June 15-19

Week Three- June 22-26

9am to 3pm

\$250.00 per week

### *Optional Extended Care:*

Early drop-off (8am) and late pick-up (4pm)

drop off fee of \$15.00 per day.

### *Three Age Groups:*

**Cubs** - K and Grade 1

**Wolves** - Grades 2 and 3

**Wolverines** - Grades 4, 5 and 6

*Space is limited.*

*Book your Summer Camp today!*

