



**WILLISTOWN TOWNSHIP SUMMER CAMPS**

General Wayne Elementary School  
20 Devon Road, Malvern, PA 19355

willistownparks.org [summercamps@willistownparks.org](mailto:summercamps@willistownparks.org)



2011

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

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

*Please Note: Due to the summer schedule for Great Valley School District, Willistown Township Summer Camps are being offered Monday – Thursday only, as General Wayne ES will be closed on Fridays.*

**SUMMER CAMP PROGRAMS : 9:00 AM – 12 NOON**

**Elementary Recreation Camp (\$40.00/child)**

**Preschool Recreation Camp (\$50.00/child)**

For the week of: June 27 July 5\* July 11 July 18 July 25 Aug. 1

*\*3-day week due to July 4<sup>th</sup> holiday (elem.\$30/child, preschool \$38/child)* **AMOUNT DUE:** \_\_\_\_\_

*PLEASE NOTE: Camp is over promptly at 12:00 noon. Parents will be charged \$5.00 for every 15 minutes they are late picking up their children.*

**SUMMER CAMP LUNCH BUNCHERS: 12:00 Noon – 1:00 PM**

Available for Elementary and Preschool Campers, Monday - Thursday, Weeks 1, 3, & 5 only.

**\$7.00 per child, per day, or discounted weekly rate: \$25.00 per child, per week**

For the weeks of: June 27 July 11 July 25

**Or please specify which days and write in specific date:**

**MONDAY** \_\_\_\_\_ **TUESDAY** \_\_\_\_\_ **WEDNESDAY** \_\_\_\_\_ **THURSDAY** \_\_\_\_\_

*\*\*Campers must bring lunch and drink and any utensils necessary for their lunch!* **AMOUNT DUE:** \_\_\_\_\_

**CHEERLEADING CLINIC: MONDAY – THURSDAY 1:00 PM – 3:00 PM**

**\$50.00 per child, per session**

Session 1 (June 27 – June 30) Session 2 (July 11 – July 14) Session 3 (July 25 – July 28)

**AMOUNT DUE:** \_\_\_\_\_

**CHECK NUMBER** \_\_\_\_\_ **GRAND TOTAL FOR ALL ACTIVITIES:** \_\_\_\_\_

**Contact:** Debbie at [summercamps@willistownparks.org](mailto:summercamps@willistownparks.org) **Visit:** willistownparks.org

**OVER** ➡

**Willistown Township Summer Camps Registration Form- page 2**

**FOR MORE INFORMATION:** Please email Debbie at [summercamps@willistownparks.org](mailto:summercamps@willistownparks.org) or visit [willistownparks.org](http://willistownparks.org). Debbie will retrieve voice mail messages from: 610-647-5300 extension 6. **PREFERRED MODE OF COMMUNICATION IS BY EMAIL AT: [summercamps@willistownparks.org](mailto:summercamps@willistownparks.org)**

**TO REGISTER:** Please complete and return this Registration Form. Registration fees MUST ACCOMPANY THE FORMS and be made payable to WILLISTOWN TOWNSHIP. The completed forms and fees should be sent to: DEBBIE LUCIANO, WILLISTOWN TOWNSHIP BUILDING, 40 LLOYD AVENUE, SUITE 204/206, MALVERN, PA 19355 **REGISTRATION FORMS AND FEES MUST REACH TOWNSHIP BUILDING BY FRIDAY BEFORE THE WEEK BEING REGISTERED FOR TO GUARANTEE PLACEMENT FOR THE WEEK!!!!!!** NO REFUNDS CAN BE GIVEN. Addition forms are available at Willistown Township Building or on the web at [www.willistownparks.org](http://www.willistownparks.org) For financial assistance, contact Debbie Luciano at the above address.

**IMPORTANT INFORMATION, PLEASE NOTE:**

- \*If you do not hear from us, that means your child is in the program! You will be notified only if the program for which you are registered is full or cancelled.
- \*Transportation is not provided to any of the programs.
- \*Your cancelled check is your receipt.
- \*Children are grouped according to age and grade for all programs.
- \*These summer camps are run to break even, not for profit.
- \*REGISTRATION FORMS AND FEES MUST REACH TOWNSHIP BUILDING BY FRIDAY BEFORE THE WEEK BEING REGISTERED FOR TO GUARANTEE PLACEMENT FOR THE WEEK!!!!!!**

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**Waiver**

**I, the undersigned, as legal guardian or parent for the participant listed, grant permission for participation in the aforementioned Willistown Township summer camp program(s). I, the undersigned, intend to be legally bound for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all rights and claims for damages I or my family or the child for whom I am guardian may now or hereafter have against Willistown Township and their respective employees, volunteers, and contractors for any and all damages or injuries which may be sustained by me or my family or child for whom I am guardian arising out of participation in the above activity(ies). I also grant my permission for a doctor and/or nurse to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or emergency.**

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*Signature of Parent or Guardian*

*Date*

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*Print name of Parent or Guardian*

*Phone Number*

I, the undersigned, have no objection if my child is included in pictures promoting fun and recreation in Willistown Township promotional materials including newsletters, websites, or in local newspapers.

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*Signature of Parent*

*Date*