Date Mailed_____ Date Received_____

ARROWHEAD DAY CAMP
240 Dutton Mill Road
West Chester, PA 19380-6601
PH: (610)644-1435
www.arrowheaddaycamp.com

JC APPLICATION

Last Name:_____ First Name:_____ Gender: M F

Address:_____

City:_____ State:_____ Zip: _____

Home Phone: (____)_____Cell Phone:(____)_____

High School:_____Grade:_____ T-Shirt Size:_____

Email: _____Date of birth:_____/_____/_____

Do you have siblings attending camp: YES_____ NO_____

If yes, what are their names:_____

Are you a former Arrowhead camper?_____ If yes, years attended?_____

The camp season is eight (8) weeks in length. You are expected to obligate yourself for the entire season. Our dates are Monday 6/21/27 through Friday 8/13/27 (off Monday 7/5) for a 39 day season. A **mandatory** JC Orientation meeting will be held on Saturday, May 8, 2027 (**for new JCs only**).
Our JC salaries are as follows:

If you work seven (7) or eight (8) weeks: $250 per week
If you work four (4), five (5) or six (6) weeks: $200 per week
If we transport from your home, salary is half ($125 per week or $100 per week)
If you meet at a communal stop, arranging your own transportation or if you have a sibling being transported salary is full as above
Possible bonuses (paid in the last paycheck of the season):
Extra day of pay if you work every day (only available for 8 week JCs)
Counselor and Director evaluation based: $200

Name:_____

JC TRANSPORTATION/SALARY OPTIONS SUMMER 2027

This form must be completed at the time of application for employment as stated below.
Junior counselors at ARROWHEAD now have four (4) transportation options below. When filling out your application please consult with your parents/guardians to see which option is right for you. **PLEASE CIRCLE THE NUMBER AND FILL OUT THE INFORMATION (IF APPLICABLE) NEXT TO THE OPTION THAT BEST SUITS YOU.**

1. If you are a JC and have a sibling attending ARROWHEAD as a camper (the session does not matter) you will receive ARROWHEAD transportation and the **FULL JC WEEKLY RATE**. Please enter the name(s) of your sibling(s) below:

   Sibling name:_____

   Sibling name: _____

2. If you are a JC coming to ARROWHEAD and would like ARROWHEAD to transport you from/to your home then you will receive **HALF WEEKLY RATE** for the 2027 season.

3. If you are a JC coming to ARROWHEAD and would like ARROWHEAD to transport you from an agreed pick-up stop (not from your home) you will receive transportation and the **FULL JC WEEKLY RATE**.

4. If you are a JC and will be providing your own transportation you will receive the **FULL JC WEEKLY RATE** as listed above.

Please circle the weeks that you know you will be working:

Week 1- June 21	Week 5- July 19
Week 2- June 28	Week 6- July 26
Week 3- July 5	Week 7- August 2
Week 4- July 12	Week 8- August 9

What experience do you have working with children?

_____

_____

_____

_____

Circle any activities you could assist in teaching or have interested in participating in:

COMPUTERS	ARTS & CRAFTS	GOLF	LAKEFRONT
OFFICE SKILLS	DRAMA	NATURE	TENNIS
RIFLERY	HORSES	DANCE	SWIM
ROPES COURSE	BATTING CAGES		

Please list any SWIM CERTIFICATIONS _____
_____

Please number in order of preference the age group you would prefer to work with (1-3)

4-6 Junior Camp _____ 7-9 Intermediate Camp_____
10-13 Senior Camp _____

Please mail or scan completed application. Upon receipt and review of the completes JC application , Arrowhead Day Camp will contact you via e-mail should you meet the JC requirements.

_____ _____
Signature Date