240 Dutton Mill Road
West Chester, PA
19380-6603

72 Years of Service to Children

PH (610) 353-5437
FX (610) 695-8118

Arrowhead Day Camp

CAMPER APPLICATION FORM

Boys 4 - 14 **(Please Print)** Girls 4 - 14

I hereby apply for enrollment of my child in Arrowhead Day Camp for the 2027 season.

Camper's Name _____ / _____ Check: Boy ❑ Girl ❑
Last First

Birth Date ____ / ____ / ____ 26/27 Grade ____ School _____
Month Day Year

Mailing Address _____ / _____ / _____
No. & Street Town State & Zip

Transit Address _____ / _____ / _____
(If Applicable) No. & Street Town State & Zip

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact (other than parent) _____ Phone (____) _____

Name of Parent or Guardian _____

Bunk Mate Request (Limit to one camper) _____

Email _____ T-Shirt size: Circle one: 4-5 / 6-8 / 10-12 / 14-16 / AS / AM /AL

Comments: _____ Referring Family:(If any) _____

Session to be attended for the 2027 season - this section can be completed at time of enrollment or by April 1st.

- **SESSIONS:** ***Please Check One:***

_____ Full 8 weeks _____ Any 7 weeks _____ Any 6 weeks _____ Any 5 weeks

_____ Any 4 weeks _____First 4 weeks (F4) _____ Last 4 weeks (L4)

If selecting any 4, 5, 6, or 7 week session, please indicate which week(s) NOT attending (circle) 1 2 3 4 5 6 7 8

I do wish my child to get ***horseback riding*** for an additional fee of: (check one) **[optional]**

❑ $450 for the 7 & 8 week sessions ❑ $400 for the 5 & 6 week sessions ❑ $350 for the 4 week session

- **TRANSPORTATION OPTIONS:** ***Please circle one -***

1. ARROWHEAD - House to House Transportation	**3. Parent self-transport: 9:30 drop off - 3:15 pick up ($100/wk credit)**
2. Extended Day 7:30 - 5:30 (parent pickup/drop off)	**4. Meet at a stop close to house - $50 week (Eligible areas only)**

- **DEPOSIT REQUIRED $500.00 (Includes $100.00 Non-refundable Enrollment Fee.)**

I understand that the refundable portion of the deposit ($400) will be returned up until March 15, 2027, ($100 Non-Refundable). I agree to pay full tuition by April 30, 2027.

Parent's Signature _____ Date _____

Arrowhead Day Camp: _____ By **THE DIRECTORS** _____ Date _____

***This application is not valid unless signed on both sides and returned with a $500.00 deposit.**

****PLEASE SEE BACK PAGE****

TERMS OF ENROLLMENT AGREEMENT

"THE TEN COMMANDMENTS OF ARROWHEAD"

1. It is agreed that no refund will be made for the first ten consecutive days of absence due to illness or injury. Beginning with the eleventh camp day a pro-rated refund will be made for each consecutive camp day the child is absent due to illness or injury. A doctor's certificate is required. The Director reserves the right to have the camper examined by the camp physician. **There will be no refund of any tuition amount for voluntary withdrawal from camp.**
2. The camper and parents agree to abide by the rules and regulations set by the Director for the health, safety, and welfare of the campers.
3. The Camp is not responsible for the camper's equipment or personal belongings, while in transit or at Camp, if lost or damaged by fire, theft, or otherwise.
4. The Director reserves the right to deny, cancel, sever or suspend a child's enrollment if deemed in the best interest of the camper or the Camp, in which case the unused camp fee will be refunded on a pro-rated basis.
5. Final bunk and transportation arrangements will be made when all tuitions are paid in full. All balances are due by **April 30, 2027. There will be no return of the refundable portion of the deposit ($400), after March 15, 2027.** ($100.00 non-fundable enrollment fee is applicable towards tuition.)
6. Parent's signature further gives permission to participate in special programs and activities, including field trips,etc.
7. It is agreed that **house to house** transportation can only apply to the same address both A.M. and P.M. throughout the season with no exceptions. **The Camp cannot pick-up or deliver to different addresses.** **Camp cannot guarantee a particular vehicle of transport nor guarantee a pick-up or drop off time or honor passenger requests**. Camp pledges to transport all children in the safest, most efficient way possible. **All transit locations must be submitted to the camp by 5/1/27.** (if applicable). Any requests for changes in transportation location made after that date will negate guarantee of house to house pick-up.
8. It is agreed that the selection of which session the camper chooses at this time, (4,5,6,7,or 8 weeks), is the session to be attended. Camp ***cannot guarantee*** accommodation of switching or extension of sessions at a later date. If selecting the 4 (F4, L4)weeks session, the dates must coincide with the camp's published dates, (first or last), and all weeks must be consecutive. If selecting the any 4, 5, 6, or 7 week session(s), the absent week(s) should be determined at the time of registration by proper designation. The session(s) length are all determined by weeks attending and not days. There is no compensation or extension of session permitted due to absenteeism or vacation time - regardless of length.
9. Camp reserves the right to use campers for promotional purposes in printed literature, (still pictures), videos (pictures, testimonials, etc.), and website.
10. It is agreed in case of accident or illness occurring on campgrounds during camp hours or in transit, that the parents' or guardians' medical health insurance will act as primary coverage. Camp will be responsible for deductibles and co-payments only. **All campers must submit individual health forms by 6/10/2027**

Parent's Signature_____Date_____

APPLICATION NOT VALID UNLESS SIGNED ON BOTH SIDES AND RETURNED WITH $500 DEPOSIT - THANK YOU!

www.arrowheaddaycamp.com

240 Dutton Mill Road
West Chester, PA 19380
PH (610) 353-5437 FX (610) 695-8118
chiefarrowhead@comcast.net

FOR OFFICE USE ONLY

DATE	TUITION	HORSES	DEPOSIT	BALANCE DUE	SIBLINGS