



MELC USE ONLY:

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

## CAMP MELC – COLONIAL APPLICATION

School Child Attends:		Grade as of Sept. 2018:	
Child's Name:	Gender:	Birth Date:	
Address Where Child Resides: Street:	City:	State:	Zip:
Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify) _____		Primary Language Spoken at Home:	

Parent/Guardian 1 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		
Home Address: Street:	City:	State:	Zip:

Parent/Guardian 2 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		
Home Address: Street:	City:	State:	Zip:

**Please check the camp session(s) needed. Session fee includes a maximum 10 hours of care daily and all activities/trips. Additional weeks can be added to any session for a fee of \$260/week. Please contact Center Director for more information.**

	Length	Start Date	End Date	Session Fee	Check to Select
Session 1	3 weeks	June 18th	July 6th	\$780	<input type="checkbox"/>
Session 2	3 weeks	July 9th	July 27th	\$780	<input type="checkbox"/>
Session 3	3 weeks	July 30th	August 17th	\$780	<input type="checkbox"/>

Does your child have an IEP:  Yes  No

Do you have CCIS:  Yes  No

**Please briefly describe any special needs, disabilities, or allergies of your child. (Continue on back if needed)**

**Please select your child(ren)'s T-Shirt Size**

Child Size:  XS  SM  M  LG

Adult Size:  SM  M  LG  XL

Application Fee: \$25 per child at time of Application (fee is non-refundable)

Application fee is waived for current MELC families.

**MAIL APPLICATION AND FEE TO:**  
 Montgomery Early Learning Centers  
 466 Germantown Pike  
 Lafayette Hill, PA 19444

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_