



MELC USE ONLY:

Received By: _____ Date Received: _____

Check Number: _____ Amount Paid: _____

CAMP MELC – LOWER MERION 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 \$280/week. Please contact Center Director for more information.

	Length	Start Date	End Date	Session Fee	Check to Select
Session 1	3 weeks	June 25th	July 13th	\$840	<input type="checkbox"/>
Session 2	3 weeks	July 16th	August 3rd	\$840	<input type="checkbox"/>
Session 3	3 weeks	August 6th	August 24th	\$840	<input type="checkbox"/>

Does your child have an IEP: Yes No Do you have CCIS: Yes No Will your child be attending SPIES or ESY: 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: <input type="checkbox"/> XS <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> LG	Adult Size: <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> LG <input type="checkbox"/> XL
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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
 230 Haverford Road
 Wynnewood, PA 19096

Signature of Parent or Guardian: _____

Date: _____