



MELC USE ONLY:

Received By: _____ Date Received: _____

Check Number: _____ Amount Paid: _____

CAMP MELC – COLONIAL APPLICATION

School Child Attends:		Grade as of Sept. 2019:	
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. Each one week session fee is \$268 (ELRC Families additional \$30 + copay). Session fee includes a maximum 10 hours of care daily and all activities/trips.				
<input type="checkbox"/> Session 1 (June 18)	<input type="checkbox"/> Session 2 (June 24)	<input type="checkbox"/> Session 3 (July 1)	<input type="checkbox"/> Session 4 (July 8)	<input type="checkbox"/> Session 5 (July 15)
<input type="checkbox"/> Session 6 (July 22)	<input type="checkbox"/> Session 7 (July 29)	<input type="checkbox"/> Session 8 (Aug 5)	<input type="checkbox"/> Session 9 (Aug 12)	<input type="checkbox"/> Session 10 (Aug 19) *Held at MELC's Wynnewood Center*
Does your child have an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have ELRC: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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
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Signature of Parent or Guardian: _____

Date: _____