



MELC USE ONLY:

Received By: _____ Date Received: _____

Check Number: _____ Amount Paid: _____

CAMP MELC – POTTSTOWN 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 \$192. Session fee includes a maximum 10 hours of care daily and all activities/trips.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Session 1 (June 17) | <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) |

Does your child have an IEP: Yes No Do you have ELRC: 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: 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
 150 N. Hanover Street
 Pottstown, PA 19464

Signature of Parent or Guardian: _____

Date: _____