



# UDCOC SUMMER DAY CAMP

## - REGISTRATION FORM -

**- For Campers Ages 5 to 14 -**  
**- June 17th to August 9<sup>th</sup> 2019 -**

*Camp enrollment is limited. All registrations are processed in the order they are received.*

Please register my child for the all-day UDCOC Summer Camp Program  
 Located at Christ Lutheran Church in Upper Darby.

Personal Information		
Camper First Name:	Preferred Name:	Camper Last Name:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth:	<input type="checkbox"/> Returning Camper <input type="checkbox"/> New Camper
	Age as of June 17:	
School Child Attends:	School District:	Grade <b>completed</b> this school year:

Residence/Mailing Information		
Address #1 <input type="checkbox"/> Camper's Home <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Street:	City, State, Zip:
Address #2 <input type="checkbox"/> Camper's Home <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Street:	City, State, Zip:
My Child is Living With... <input type="checkbox"/> Mom & Dad together <input type="checkbox"/> Mom & Dad separately <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Other: _____		Best Phone Number for Contact:

Parent/Guardian Information		
	Parent/Guardian #1	Parent/Guardian #2
First Name		
Last Name		
Relationship to Camper		
Home Phone #		
Work Phone #		
Cell Phone #		
E-mail Address		

This registration is for ☐ all 8 weeks (June 17th-August 9<sup>th</sup>) or for:

☐ June 17-21 ☐ June 24-28 ☐ July 1-5 ☐ July 8-12

(No camp July 4<sup>th</sup>)

☐ July 15-19 ☐ Jul 22- 26 ☐ Jul 29 - Aug 2 ☐ Aug 5-9

**- Please complete both sides -**

\_\_\_\_\_ **Non-Refundable registration fee attached** (not applicable to any weekly payments)  
 ( ☐ \$40 before April 1<sup>st</sup> (or) ☐ \$50 after April 1<sup>st</sup> )

*Make check payable to: Upper Darby Community Outreach Corp.*

### Permissions

I hereby give permission for my child to participate in all camp activities. Permission is also granted for the UDCOC camp to take my child on trips outside of camp as a part of the regular camp program.

I hereby give permission to the medical personnel selected by the camp to provide routine health care and to administer medication. In the event that I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.

I hereby give permission for photographs and videos to be taken of my child. UDCOC Day Camp has the right to utilize these in camp brochures and displays as well as other mediums including but not limited to: electronic, video and print.

I understand registration fee is NON-REFUNDABLE. This fee will hold a space for my child in camp for weeks chosen on the reverse side of this form. I understand that payment is due **Monday** prior to each camp week. I also understand that I will be charged a \$10 late fee for payments received after that due date.

I agree that Christ Lutheran Church and the Upper Darby Community Outreach Corporation shall not be responsible for any personal injuries or losses sustained by me or my child while on any Church or UDCOC premises, or as a result of any camp sponsored activity. I further agree to indemnify and hold harmless Christ Church and Upper Darby Community Outreach Corporation from any claims or demands arising out of any such injuries or losses.

☐ I have read and agree to all terms, conditions and permission on the enrollment application.

\_\_\_\_\_  
Parent/Guardian full name (Please Print)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

### UDCOC Credit Card Authorization Form

Campers Name(s): \_\_\_\_\_

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

☐ Charge the non-refundable registration fee to card provided below.

☐ Please automatically charge my credit card at the payment due date for the weeks my camper will be attending.

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_  
(month / year)

Security Code: \_\_\_\_\_ (3 digits Located on the back of card. For AmEx 4 digits located on front.)

Cardholder's Name (please print): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Street

city, state zip

Cardholder's Signature: \_\_\_\_\_

A camp t-shirt will be provided at the start of camp and must be worn on all field trips.

Child's Shirt size:

Child's - ☐ S ☐ M ☐ L ☐ XL

Adult's - ☐ S ☐ M ☐ L ☐ XL

Payment in full for each week is due Monday of the prior week!  
– **Late fee of \$10** is charged if payment is not received by due date.

Mail this registration form and deposit to or stop in the office at:  
**UDCOC Summer Day Camp**  
7240 Walnut St  
Upper Darby, PA 19082

**- Please complete both sides -**



*We are looking forward to another GREAT summer!*