



# INDIAN SPRINGS DAY CAMP

## CAMPER APPLICATION

Administrative Office: (610) 827-9444

Name of Camper: \_\_\_\_\_  Boy  Girl

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of upcoming June: \_\_\_\_\_ years, \_\_\_\_\_ months

No. of years at Indian Springs: \_\_\_\_\_ Grade as of June Promotion: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name:  Mr.  Dr. \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name:  Mrs.  Dr. \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Please send email to:  Both Parents  Father  Mother

Married  Separated  Divorced  Re-Married  Spouse Deceased

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Weeks Attending: \_\_\_\_\_ Tuition per Camper: \$ \_\_\_\_\_

Dates of Attendance (if known): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A deposit of \$250.00 MUST accompany each application.  
Make check payable to and mail to:

**Indian Springs Day Camp, Inc.**  
P.O. Box 389  
Chester Springs, PA 19425

\_\_\_\_\_  
Parent or Guardian Signature Date

<b>CAMP USE ONLY</b>
<b>COUNSELOR:</b> _____
<b>DRIVER:</b> _____
<b>NOTES:</b>