

**RE: Heritage Day Camp Application Letter**

Parents and/or Guardians,

Attached is the summer camp application to be completed in entirety. Please submit the application with all applicable signatures and supporting documentation. Applications will not be considered without the child's health assessment and immunization records. Space is limited!

Important Information:

1. The camp will run from 7:30am to 6pm on Monday-Friday for an 8-week period starting on Monday, June 23, 2025 through Friday, August 15, 2025. We will be closed on July 4, 2025.
2. Child(ren) enrolled in camp will need to be covered by ELRC funding (formerly known as CCIS) or families can privately pay.
  - a. ELRC families will owe co-pays. ELRC will cover the \$75 registration fee.
  - b. Private pay tuition is \$2,200 for the entire 8-week period or \$550 bi-weekly. The registration and camp activity fees are \$175.
3. Trip information will be provided with the welcome letter.
4. Child(ren) who have completed kindergarten through 13 years old are being accepted in camp.
5. The pool will be open, and children enrolled in camp will be regularly scheduled for free swimming and lessons.
6. **Any fees that a family owes to Methodist Services from previous camp enrollment or other programs MUST be paid in full before new camp enrollment can be completed.**

Applications can be returned via mail, email, fax and/or in person. Should any questions arise during the application process, feel free to contact us utilizing the information below.

Thank you!

Shad'e Solomon  
215-877-1925 ext. 301  
[ssolomon@methodistservices.org](mailto:ssolomon@methodistservices.org)

## Methodist Services’ Heritage Day Camp Application & Service Agreement

Methodist Services’ Heritage Day Camp will take place each weekday beginning June 23, 2025 and continue through August 15, 2025, except for July 4, 2025. We accept children who have completed kindergarten through 13 years old. Activities will include arts and crafts, sports, dance, games, performing arts, computers, science, swimming lessons, free swimming and day trips. Breakfast and box lunch will be offered to all campers. Heritage Day Camp is a community program of Methodist Services, a private, non-profit, non-sectarian agency providing services to children, youth and families without regard to race, creed, sex or national origin.

### Fee Schedule

*Registration Fee - \$175*

*Full 8-Week Camp - \$2,200*

*Bi-Weekly Enrollment (**fee required** see schedule below) - \$550*

We are asking all payments are made in bi-weekly increments with the first payment being June 9<sup>th</sup>. See the payment schedule below:

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	
<b>Payment Due Date</b>		23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	11-Aug
<b>June 9, 2025</b>		June 9, 2025							
<b>June 23, 2025</b>				June 23, 2025					
<b>July 7, 2025</b>						July 7, 2025			
<b>July 21, 2025</b>								July 21, 2025	

A completed application and payment in full are strongly suggested for enrollment. All payments should be in the form of cash, debit card, credit card, check or money order, made payable to Methodist Services. Payments can be submitted directly to the administrative reception desk or paid online (preferred).

Additionally, a sibling discount of 10% for full session enrollments will apply to the second and additional children enrolled from the same family. A \$15 charge, per child, will be assessed for every ten minutes of lateness for pickup after 6pm. The fee is due on the day that the late pickup occurs. A \$25 fee will be charged for all returned checks. Cash, money order or certified funds equal to the amount of the returned check, plus the \$25 penalty, must be delivered to Methodist Services’ Heritage Day Camp within 5 days of notification that a check has been returned.

## Family Information

Child's Full Name	Parent 1 Full Name	Parent 2 Full Name
Address	Address (if different from child's)	Address (if different from child's)
City, State, ZIP	City, State, ZIP (if different from child's)	City, State, ZIP (if different from child's)
(      ) _____ - _____	(      ) _____ - _____	(      ) _____ - _____
Phone Number	Phone Number (if different from child's)	Phone Number (if different from child's)
Identified Gender	Date of Birth	Age
(      ) _____ - _____	Cell Phone Number	Cell Phone Number
_____	Email Address	Email Address
_____	Social Security Number	Social Security Number
_____	Social Security Number	Social Security Number
Grade/School	Employer	Employer
Student Identification # (on report card)	Employer Phone Number	Employer Phone Number

How did you hear about our camp? \_\_\_\_\_

Is there anything we should know about your child(ren) (ex. Physical limitations, fears, behaviors)?

\_\_\_\_\_

The following are the ONLY people authorized to pick up my child(ren):

**Name:** \_\_\_\_\_ **Phone Number:** (      ) \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** (      ) \_\_\_\_\_ - \_\_\_\_\_

### **Refund, Change in Service and Cancellation Policy**

No refunds will be given unless two weeks' notice is provided prior to withdrawal. I understand that the services for which I have contracted cannot be changed unless/until I execute a "Change in Service Agreement." Cancellations must be made at least two weeks prior to the start of Methodist Services' Heritage Day Camp to receive a refund of the deposit minus the \$75 registration fee.

Any exceptions to these arrangements listed above must be communicated, in writing, to the director in advance of scheduled times.

### **Absences**

Parents must notify the program before 8am if their child(ren) will be absent for the day by call 215-877-1925 ext. 301. No refunds or adjustments will be given for absences.

### **Photograph Consent/Release**

Methodist Services' occasionally needs to use photographs taken of children involved in program activities for promotional purposes. No names or individual identification will be used unless specifically approved by parents or guardians. I, hereby, give permission for Methodist Services to take and use photographs of my child(ren) for promotional purposes.

### **Release of Liability**

I understand I am hereby releasing Methodist Services, the program and its officers, directors, agents and employees from liability for damages or injuries to my child(ren) or to me. Children must be signed in and out by a designated adult over the age of 18. The child(ren) are the responsibility of Methodist Services once they are signed in.

### **Please initial beside each statement:**

\_\_\_\_\_ I understand that the activities of the program will include physical activities, such as participation in sports, which may include some expeditions away from the grounds of Methodist Services. I give permission for my child(ren) to participate in field trips, which I will be given advance notice of, and to be transported by Methodist Services for those purposes.

\_\_\_\_\_ I understand that the camp cannot make any assurance that my child(ren) will attain any mastery of skills in areas such as swimming, computer knowledge, etc.

\_\_\_\_\_ I consent to my child's participation in all activities of the program.

\_\_\_\_\_ I understand that I must submit a health assessment for my child(ren) to hold a camp slot.

\_\_\_\_\_ I understand that the authorizations and releases hereby given can only be withdrawn in writing and delivered to the director of Methodist Services' Heritage Day Camp.

\_\_\_\_\_ I consent to emergency first aid treatment and/or emergency medical care being administered to my child(ren).

\_\_\_\_\_ I have read this agreement and agree to abide by the conditions contained within.

At Methodist Services, we strive to provide the best educational services possible. In this respect, not all applicants may be selected. We reserve the right to terminate services at any time, with or without cause. This process may take place in the form of written or verbal communication.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ELRC Information

**You may be eligible to receive subsidized payments for your tuition!**  
**Below you will find information for Early Learning Resource Center (ELRC), formerly CCIS.**

*Early Learning Resource Center for Region 18*  
 4601 Market Street  
 Philadelphia, PA 19139  
 Phone: (610) 480-3190  
 Toll Free: 888-535-2209  
 Fax: (267) 592-4178

**ELRC must contact Methodist by June 16, 2025 for your child(ren) to start camp. We will attempt to contact you by the end of the day on June 19, 2025 if we haven't heard from ELRC.**

	ELRC Recipients ONLY	Fee
A.	Insert bi-weekly co-pay	\$
B.	Multiply bi-weekly co-pay by 8 weeks	\$
C.	Total	\$
Z.	Registration ( <i>covered by ELRC</i> )	\$75

**Multiply lines A and B. Write total on line C.**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

The registration and activity fees must be paid no later than June 9, 2025  
 Co-payments can be paid in advance or on a bi-weekly basis.

## Private Pay Information

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	
<b>Payment Due Date</b>		23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	11-Aug
June 9, 2025		June 9, 2025							
June 23, 2025				June 23, 2025					
July 7, 2025						July 7, 2025			
July 21, 2025								July 21, 2025	

<b>A</b>	<b>Registration and Activity Fees</b>	<b>Activity Fee</b>	<b>Registration Fee</b>
	All Private Pay Families	\$100	\$75

<b>B</b>	<b>Full 8 Week Session – Extended Day</b>	<b>Fee</b>	<b>Fill in fee, if applicable</b>
		\$2,200	

<b>C</b>	<b>Per Week Enrollment</b>	<b>Fee</b>	<b># of Weeks</b>	<b>Total</b>
		\$275		\$

	<b>Total Fees</b>	<b>Fee</b>
<b>A</b>	All recipients must pay the registration and activity fee	\$175
<b>B</b>	Please insert your fee from table B	
<b>C</b>	Please insert your fee from table C	
<b>D</b>	Calculate the total by adding lines A, B and C	<b>Total: \$</b>

*The calculated amount on line D is the total fee for your child(ren) this summer.*

**All fees must be paid by June 16, 2025.**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

## Online Payments

*Follow the instructions below to make an online payment:*

1. Go to [www.methodistservices.org](http://www.methodistservices.org)
2. Click the “Services” link at the top of the page
3. Click the “Early Childhood & School-Age Education” link
4. Scroll down and click the blue “Make a Payment” box
5. Enter the amount of the payment in the “Price Per Item” box
6. Click “Continue”
7. Proceed to process with PayPal by clicking “Log In” OR
8. Scroll down to click the “Pay With Debit or Credit Card”
9. Fill in all information
10. Click the “Pay Now” button to complete payment
11. A confirmation email will be sent to you

## Behavior Contract

### **I Show Respect For Myself and Others**

- I will be respectful of my fellow students and all program staff. This means I will speak to others in a respectful manner and tone of voice.
- I will respect the personal space of others and keep my body to myself.
- I understand that any behavior that could harm (physically or emotionally) a student or staff member, or which is disrespectful, is unacceptable in the Methodist Services program community. This includes, but is not limited to, hurtful language and name calling, physical touching or hitting.
- I will make the most of learning opportunities at Methodist Services programming by participating fully in program activities. I will try new things with a positive attitude.
- I will stay with an approved buddy when on trips and always ask a counselor before leaving the group.

### **I Will Show Respect For the Environment and Program Facilities**

- I understand all community members are expected to share responsibility for keeping personal and community areas neat and clean. I will help with these tasks.
- I will not bring my cellular phone, music player, iPad, video games, radio or other electronic devices to the program.
- I will take care of program facilities, supplies and equipment. I will put the equipment away when I finish using it. I will leave an area better than I found it.

### **I Will Show Respect For Everyone's Health and Safety**

- I will abide by all safety standards explained by the staff.
- I understand that physical and emotional bullying or violence may result in my immediate dismissal from the program. If I am dismissed from programming, my parent/guardian is responsible for picking me up immediately. My behavior at Methodist Services programs will not include violence or bullying.

**We strive to consistently encourage every child to have the best possible experience. If a child is not following appropriate behavior expectations, actions must be taken. Depending on the violation or circumstance, this action may include redirection of behavior by program staff, exclusion from a trip or activity, meeting with my parent, suspension from one or more days and ineligible to return to Methodist Services' education programs in the future. Methodist Services reserves the right to immediately dismiss a participant from the program if their actions are unsafe to themselves, other children and/or staff.**

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



### CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))  
 YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

<b>CHILD'S NAME</b>		DATE OF BIRTH
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER (    )
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**PERIODIC REVIEW**

\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_ DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)