



Registration Form 5771-'11

Session 1: June 27 – July 22 Session 2: July 25 – August 18

Family Name: _____

Please circle which week(s) your child(ren) will be attending camp

Please circle your child(rens) t-shirt size

Camper 1 _____	Grade (Sept. 2011) _____	1 2 3 4 5 6 7 8	Youth: S M L Adult: S M L XL
Camper 2 _____	Grade (Sept. 2011) _____	1 2 3 4 5 6 7 8	Youth: S M L Adult: S M L XL
Camper 3 _____	Grade (Sept. 2011) _____	1 2 3 4 5 6 7 8	Youth: S M L Adult: S M L XL

- We are interested in receiving (___round trip___morning___afternoon) camp transportation for our child(ren).*
- We registered before March 1st and would like to be entered to win 4 FREE WEEKS OF CAMP.*

Address: _____ City / State / Zip: _____

Home phone number: _____ - _____ - _____

Mother E-mail: _____ How frequently do you check this email? _____

Father E-mail: _____ How frequently do you check this email? _____

We can be reached during camp hours at the numbers listed below:

Mother: Work _____ - _____ - _____ Cell _____ - _____ - _____

Father: Work _____ - _____ - _____ Cell _____ - _____ - _____

TERMS OF AGREEMENT

1. Advance payment is required throughout the camp season. Campers who have not been paid for will not attend camp.
2. Campers and parents agree to abide by the rules set by the Directors for the health, safety, and welfare of the campers.
3. The Camp is not responsible for the camper's personal equipment or belongings, while in transit or at camp.
4. The Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or the Camp.
5. I authorize the officials of the camp to act in my behalf while my child is in their care, including the power to authorize emergency medical treatment.
6. I give permission for my child to take part in all Camp activities and trips and release Camp Achdus from all liabilities for damage or injury.
7. There is limited financial aid available. Apply early. Call us at 267-456-4532 for a financial aid application, or email administration@campachdus.com

Parent's signature _____ Date _____

**Return registration with non-refundable deposit to:
Camp Achdus
1512 Griffith St Philadelphia, PA 19111**

**For information call: 267-456-4532
Or visit us at www.campachdus.com**

Deposit

\$200, per camper, is required as a deposit with the \$25 registration fee. This money is non-refundable. Register before March 1st and enter into our 4 weeks of camp giveaway raffle!

Registration Policy

Registrations are not valid without a deposit.

Camp Fees*

One session: \$800

Both sessions: \$1500

Partial Session: \$200 per week

*\$175 per week for ages 4 & 5

Transportation Fee*

Northeast/ Cherry Hill:

\$40 per week (round trip)

\$25 per week (one way)

Lower Merion:

\$30 per week (round trip)

\$20 per week (one way)

**per camper*

PAC Member Discounts

1 full summer registration – 3% off total bill

2 full summer registrations – 4% off total bill

3 full summer registrations – 5% off total bill

Payment Schedule

Half of total bill is due by May 1

All balances are due before the start of camp

Scholarship

Scholarship deadline, March 25.

Contact us at 267-456-4532 or email administration@campachdus.com

If you are in need of a payment plan or scholarship packet.

Register Before March 1st
and enter to win
4 free weeks of camp

**A Full Summer Registration
makes you a member of the
Privileged Achdus Club
and entitles you to up to 5% off of
your *total* bill!**

Refer A Friend
And you both receive
\$50 towards camp*
*New camper must attend a minimum of 4 weeks

Achdus Entry Special
Ages 4 & 5
Only \$175 per week!



Camp Achdus
Tel: 267-456-4532 Fax: 215-742-2932 E-mail: Administration@campachdus.com
Off-Season Mailing Address: 1512 Griffith St Philadelphia PA, 19111
Camp Site Address: 4101 Freeland Ave Philadelphia PA, 19128
www.CampAchdus.com