

Camp Cornelius

Saint Cornelius Early Learning Center
160 Ridge Road, Chadds Ford PA 19317

Summer Camp 2024 Registration Form

Please drop off the completed form with payment to Saint Cornelius Early Learning Center.

Child's Information:

Last Name: _____ First Name: _____ Age: _____

School Attending: _____ Grade Entering: _____

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Primary E-Mail: _____

Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Primary E-Mail: _____

Emergency Contact Information:

First Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Second Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Care:

Physician Name: _____ Phone Number: _____

Permission to Administer: ☐ Sunscreen ☐ Bug Spray ☐ Emergency Benadryl

Known Allergies: _____

Additional Medical Information: _____

Pick Up Authorization: Person(s) authorized to pick up your child:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

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Camp Sessions: Please check all that apply.

	Half Day 9:00am-12:00pm \$225 per week	Full Day 9:00am-3:00pm \$365 per week
Week of June 17th - 21st		
Week of June 24th - June 28th		
Week of July 8th-12th		
Week of July 15th-19th		

Total amount being paid: _____

Additional before and after care is available for \$10/hour per child per day.

Please list what time your child will be dropped off/picked up if additional care is needed.

Payment will be collected as care is needed.
