



CAMP PEGNITA REGISTRATION

Camper's name (one form per child please) _____

School grade entering in Fall 2024 _____ Date of birth _____ Gender _____

Billing address _____

Parent name _____ Phone _____

Email (PLEASE PRINT) _____

Parent name _____ Phone _____

Email (PLEASE PRINT) _____

Has your child attended Camp Pegnita before? Y N How did you hear about us? _____

T-Shirt Size (Included with Application Fee): YXS YS YM YL Adult S Adult M Adult L

PLEASE CHOOSE WEEKLY SESSION(S) BELOW FOR CHILDREN AGES 5-12.

We offer camp on a weekly basis between the hours of 8:30AM-4:00PM. Regular drop off is between 8:30AM-8:45AM and pick up is between 3:45PM-4:00PM. There is no option for daily registration.

- 6/10-6/14
- 7/1-7/3 (no camp 7/4 or 7/5)
- 7/22-7/26
- 6/17-6/21
- 7/8-7/12
- 7/29-8/2
- 6/24-6/28
- 7/15-7/19
- 8/5-8/9

PLEASE CHOOSE THE COUNSELOR IN TRAINING PROGRAM FOR CHILDREN AGES 13-14.

Select the required weeks for training and choose a third week for the in-group internship.

Required Training	In-Group Internship (select 1 week from the weeks below)
<input type="checkbox"/> 7/8-7/12 <input type="checkbox"/> 7/15-7/19	<input type="checkbox"/> 7/22-7/26 <input type="checkbox"/> 7/29-8/2 <input type="checkbox"/> 8/5-8/9

PLEASE CHOOSE SUPPLEMENTAL CARE AS NEEDED.

EARLY CARE

Early Care is available from 7:30AM until 8:30AM on a scheduled or drop-in basis. Any child dropped off before 8:30AM will be charged for drop-in early care.

Please check here if you would like to sign your child up for **unlimited weekly early care only.**

LATE STAY

Late stay is available from 4:00PM. until 5:30PM on a scheduled or drop-in basis. Any child not picked up by 4:00PM will be charged for drop-in late stay.

Please check here if you would like to sign your child up for **unlimited weekly late stay only.** For as needed drop-in late stay, do not check this box.



FEES AND POLICIES

Enrollment is contingent upon availability. You will be contacted within seven days of your application submission with details regarding your first payment. Once confirmed by Pegnita Directors, changes to your enrollment will not be accepted. If you are placed on our waitlist, you will be notified via email should a spot become available. Failure to pay first week of camp + enrollment fee by due date detailed in confirmation email will result in forfeiting your spot. See payment schedule below.

Non-refundable Annual Enrollment Fee: \$50 for one child. \$75 for two or more siblings.

Weekly Session Rate: \$375 per week (week of 7/1-7/3 is \$275)

Sibling Discount: \$25 per sibling per week after the first child. Siblings must be concurrently enrolled in the same session to receive the discount.

Early Care: 7:30AM – 8:30AM: \$60/weekly unlimited, \$15/daily rate.

Late Stay: 4:00PM – 5:30PM: \$80/weekly unlimited, \$18/daily rate. *Late stay ends promptly at 5:30 p.m. **A surcharge of \$5 per minute after 5:30PM will apply.**

Accepted Methods of Payment: Camp Pegnita accepts payments in the form of check or money order made out to Camp Pegnita. Cash is not accepted. Online payment options, ACH or credit card, are available but do incur processing fees. Please specify your chosen method of payment. Please note that you **agree** to use this method of payment for ALL payments related to Camp Pegnita. Changes in payment method will not be accepted.

Please check here if you choose to pay for Camp Pegnita by **check or money order**. You will not incur any processing fees.

Please check here if you choose to pay for Camp Pegnita by **ACH or e-Check**.

I understand that I will be charged a non-refundable, non-negotiable processing fee of 1% per transaction. **Initial here: _____*

Please check here if you choose to pay for Camp Pegnita by **credit/debit card**.

I understand that I will be charged a non-refundable, non-negotiable processing fee of 3% per transaction. **Initial here: _____*

Payment Schedule and Due Dates:

- Enrollment fee and first week of camp: Due within one week of enrollment confirmation
- Weeks 1-3/Weeks of June 10, 17, 24 (if not already paid with first week payment): Due June 1st
- Weeks 4-7/Weeks of July 1, 8, 15, 22 (if not already paid with first week payment): Due July 1st
- Weeks 8-9/ Weeks of July 29 and August 5 (if not already paid with first week payment): Due July 29th

Late Fees: Any invoice that remains unpaid after the due date listed on the invoice will incur a non-negotiable late fee of \$35 per month, per invoice.

Media/Photo Release Policy

I give Camp Pegnita permission to use photos of my child for the following purposes:

Social media, marketing materials, website, Pegnita emails, etc.

Marketing materials, website, Pegnita email only. *NO social media*

Under no circumstance can a photo of my child be used by Camp Pegnita



EMERGENCY CONTACT & MEDICAL CARE FORM

Camp Pegnita will reach out to the parent or guardian in the event of an illness, injury, or emergency.

Primary contact in case of emergency _____ Phone _____

Additional emergency contacts listed below will be contacted if primary contact is not available.

Does your child have asthma? (An Asthma Action Plan is required.) Y N

Does your child have any serious food or other allergies? (an Allergy Action Plan is required.) Y N

Does your child have any other serious health issues? (If yes, please describe below.) Y N

Does your child take any medications (including inhalers or injectors)? (A Medication Administration Permission Form is required). Y N

Do you give permission for Camp Pegnita to administer acetaminophen for pain relief to your child? Y N

Do you give permission for Camp Pegnita to administer ibuprofen for pain relief to your child? Y N

If yes to either of the above, please provide child's weight for dosage. _____

ADDITIONAL EMERGENCY CONTACTS & APPROVED PICK-UPS

In the event the primary emergency contact (listed above) cannot be reached, please list additional people you would like us to contact in the event of an emergency or accident. Please indicate which of these people is also authorized to pick up your child.

Name	Relationship to Camper	Phone Number	Is this person approved for pick-up?



DEVELOPMENTAL/BEHAVIORAL HEALTH QUESTIONNAIRE (COMPLETE IF NEEDED)

*Our top priority is to ensure the safety and well-being of all children at Camp Pegnita. Please complete the questionnaire below to provide us with information about any developmental, behavioral or social needs that will require special attention. We ask you to provide as much information as possible so that we can determine if the Camp Pegnita staff is suited to support your child's developmental needs. **Upon review of this form, a director may reach out to the parent or guardian to discuss if further information is needed.***

Describe any developmental, behavioral, or social needs that your child has below.

Does your child currently receive any support services or accommodations? If yes, please describe below.

Does your child require frequent one-on-one supervision? Y N

Does your child regularly exhibit unsafe behaviors such as hitting, kicking, biting or hurting others in any way? Y N

Generally speaking, does your child comply with and follow instructions in a group setting? Y N

Has your child ever threatened to or run away from a group or supervising adult? Y N

Please describe how we can best support and serve your child at camp?

Do you have any other questions, concerns, or requests?

The Director(s) reserves the right to remove any child from camp in instances of unacceptable behavior or conduct.

By my signature below, I agree to comply with all terms and conditions on this application; I authorize my child to participate in all camp activities, including the supervised swim program; Camp Pegnita is permitted to arrange for my child's emergency medical care in the event that I or the contacts approved on the emergency contact form cannot be reached, and I agree to pay all expenses involved in such an emergency situation.

Parent or Guardian

Date