

Pine Springs Camp

2026 Washington Traveling Day Camp Registration Form

Mail to:
Pine Springs Camp
PO Box 186
Jennerstown, PA 15547

Tel: (814) 629-9834 maddy@pinesprings.org
Fax: (814) 629-6520 www.pinesprings.org

Important Information: Please complete BOTH pages of the form, **sign** on page 2, and include at least a \$25 deposit

Camper Information

Camper's Name: (First) _____ (Last) _____
Father/Guardian Name: _____ Mother/Guardian Name: _____
Primary Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: () _____ Cell Phone Number: () _____
 Boy Girl Age: _____ Date of Birth: ____/____/____ Grade completed (25-26 School Year): _____
Primary Contact E-mail: _____
How did you hear about Pine Springs Camp: _____
Is this your first Day Camp experience at Pine Springs Camp? Yes No
Church attending: _____

Crew Mate Selection

Crew: Campers are divided into different crews based on **their age (K-2) / (3-5) and gender.**

Please write the name(s) of the camper(s) your child would like to be in a crew with during his/her week at Day Camp.

Crew Mate Preferences: 1. _____ 2. _____ 3. _____

Camp Session and Elective Selection (Rank Top 2 Electives)

Please **rank your child's top two elective choices with a #1 and #2.** All campers participate in arts and crafts, sports, nature, and music during the week. Elective options provide campers with extra time in a specific activity area every day. Please prepare your camper that they may receive their #2 choice.

Washington Traveling Day Camp August 3-7, 2026

(completed K- grade 5)

**limited to 50 campers*

___ Sports ___ Nature/Science
___ Arts/Crafts ___ Music/Drama

Label electives #1 and #2

Food Allergies or Intolerances

Day campers will pack their own lunch; however, we provide 1 or 2 snacks per day. If your camper has any food restrictions and/or allergies, please note them down below (you will also need to include this information on the Medical Release Form once your child is registered). We will make sure your child is kept away from these foods and will make alternative snack options. You may also pack your child snacks to eat instead of the camp provided snack. Please use the lines below to list any food allergies or intolerances that your camper may have.

Photo Release

- By checking this box I grant permission to Pine Springs Camp, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Pine Springs Camp for any lawful purpose, including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Pine Springs camp or the American Camp Association. I hereby release Pine Springs Camp and the American Camp Association and its legal representatives from liability for any violation or claims relating to said images or videos
- No, please do not use photos and videos of my camper.

Traveling Day Camp Registration Form - Page 2

Scholarship Information

- Yes, I would like more information about receiving financial assistance to attend camp.

*****It is preferred that you send in the deposit necessary to reserve your camper(s) spot(s), then we will send scholarship information. Please check your email in the coming weeks.***

Confirmation Packet

Once we receive your completed registration form with the \$25 deposit (per week of camp attending) a Confirmation Packet will be sent to you. This packet will provide you with information related to preparing for camp and all the forms you will need to fill out and submit to us before your child's week of camp. (Please note: If your child is attending multiple weeks of Day Camp you will only need to fill out one set of forms.)

- I am fine receiving an **email** Confirmation Packet
- I would like a **paper copy** of the Confirmation Packet sent to my home

Payment Information

The cost for camp is \$100 for the full week. **A \$25 non-refundable deposit must be received to reserve a spot.** You can include a check or your credit card information to cover this deposit. Please be aware that space is limited and offered on a first-come basis. Pre-registration is required. If you are considering registering within one week of the session, please contact the office to check availability. Remaining balances are due by the first day of your camper's session and can be paid at registration on the first day.

Total Cost of Washington Traveling Day Camp: \$100

Deposit: \$25

Balance Due After Deposit: \$75

Amount you are including with this registration form: _____

Amount still owed: _____

Credit Card Information

Credit: MC VISA DISC

Amount of Payment: _____

Name on Credit Card: _____ CVC: _____

Credit Card Number: _____ Exp. Date: ____ / ____

Signature: _____

*By signing this form I am authorizing Pine Springs Camp to charge my credit card for the Amount of Payment written above.

Parent/Guardian Signature (Required)

I agree that all my information, including financial information, is correct and I authorize my child to come to the week(s) of Traveling Day Camp that we selected.

Signature of Parent or Guardian: _____ Date: ____ / ____ / ____