

Pine Springs Camp

2026 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 (if applicable): _____

Crew Mate Selection

Crew: Each week campers are divided into different crews based on **their age (K-2) / (3-6) 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

Please check the week(s) of PSC Day Camp your camper wishes to attend and check their **top** elective choice. All campers participate in crafts, sports, and nature activities during the week; however, elective options provide campers extra time in a specific activity area.

Week 1
June 22-26, 2026
(completed K- grade 6)
**limited to 50 campers*

Sports
 Arts and Crafts

Week 2
June 29-July 3, 2026
(completed K- grade 6)
**limited to 50 campers*

Sports
 Nature

Week 3
July 13-17, 2026
(completed K- grade 6)
**limited to 50 campers*

Sports
 Arts and Crafts

Week 4
August 3-7, 2026
(completed K- grade 6)
**limited to 50 campers*

Sports
 Nature

Food Allergies or Intolerances

Day campers will pack their own lunch; however, we provide 2 snacks per day. If your camper has any food restrictions and/or allergies, please note them here (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 provide alternative snack options. You may also pack your child snacks to eat instead. Please use the lines below to list any food allergies or intolerances:

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

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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 \$130 for the full week. **A \$25 non-refundable deposit must be received to reserve a space at camp.** 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 1 Week of Day Camp: \$130

Deposit: \$25

Balance Due After Deposit: \$105

Amount you are including with this registration form (at least \$25 deposit): _____

Amount still owed: _____

If your camper is attending more than 1 week a deposit is owed for each week - please see the totals below:

1 week - \$130 total - \$25 deposit
2 weeks - \$260 total - \$50 deposit
3 weeks - \$390 total - \$75 deposit
4 weeks - \$520 total - \$100 deposit

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 Day Camp that we selected.

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