



900 LAWRENCE DR
 WEST CHESTER PA 19380
 PHONE: 610 696 8090 x205
 FAX: 610 696 8300
 EMAIL: LMEYERS@ARCOFCHESTERCOUNTY.ORG

2016 TEEN CAMP INFORMATION SHEET AUGUST 8-12, 2016 AGES 13-19 YRS OLD

PLEASE FILL OUT AND RETURN THE INFORMATION SHEET AS SOON AS POSSIBLE

IF YOU HAVE BEEN CONFIRMED TO PARTICIPATE IN TEEN CAMP YOU WILL RECEIVE:

- TEEN CAMP CONFIRMATION
- DAILY SCHEDULE OF ACTIVITIES
- ARC INTAKE FORM TO FILL OUT AND RETURN (NO DR. NEEDED) **PLEASE ATTACH A RECENT PHOTO**

IF YOU HAVE BEEN ADDED TO THE "WAIT LIST" FOR TEEN CAMP YOU WILL RECEIVE:

- A MESSAGE STATING YOUR NAME HAS BEEN ADDED TO THE WAIT LIST TO PARTICIPATE IN TEEN CAMP
- IF A CANCELLATION BECOMES AVAILABLE, YOU WILL BE NOTIFIED

**** If your son or daughter receives Therapeutic Support Staff (TSS) services throughout the year, they will need a TSS at camp with them. ****

TOTAL RATE for TEEN CAMP is APPROX \$500.00 which includes the ACTIVITY/FACILITY RATE AND THE ADMINISTRATIVE RATE. *RATES ARE SUBJECT TO CHANGE JUL 01 EACH YEAR

- 1. ACTIVITY/FACILITY RATE = APPROX \$200.00 – Families with base funding and private pay participants are always responsible for the activity/facility rate (please confirm any other arrangements for payment of the ACTIVITY/FACILITY rate with the paying agency)**
- 2. ADMINISTRATIVE RATE = APPROX \$300.00 – Is automatically billed to MH/IDD IF you are authorized for TEEN CAMP with the Arc of Chester County. Please contact your Service Coordinator if you have any questions. If you are NOT authorized through MH/IDD you are responsible for the ADMINISTRATIVE RATE for TEEN CAMP.**

DEPOSIT INFO:

A DEPOSIT OF \$150.00 MUST BE RECEIVED BY 7/1/2016

PLEASE FILL OUT AND RETURN THE FOLLOWING INFORMATION:

PARTICIPANT NAME:	
PARTICIPANT DATE OF BIRTH:	
PARTICIPANT PRESENT AGE:	
PARTICIPANT PHONE NUMBER:	
PARTICIPANT EMAIL ADDRESS:	
PARTICIPANT CURRENT ADDRESS:	
PARTICIPANT WILL HAVE A TSS AT CAMP:	(PLEASE CIRCLE) YES (PLEASE CIRCLE) NO
NAME, ADDRESS, AND PHONE NUMBER OF PAYEE RESPONSIBLE ACTIVITY/FACILITY RATE FOR TEEN CAMP:	
NAME, ADDRESS, AND PHONE NUMBER OF PAYEE RESPONSIBLE FOR ADMINISTRATIVE RATE FOR TEEN CAMP:	
IF PAYING PARTY IS OTHER THAN YOU, I.E. AGENCY, SCHOOL, ETC, FOR THE ACTIVITY/FACILITY RATE AND/OR THE ADMINISTRATIVE RATE IT IS YOUR RESPONSIBILITY TO CONTACT AND CONFIRM THE PAYMENT DETAILS WITH THE AGENCY EACH YEAR <u>BEFORE</u> YOUR TEEN ATTENDS.	

SPACE IS LIMITED