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2016 CAMP SAFARI INFORMATION SHEET AGES 4-12 YRS OLD

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

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

- CAMP SAFARI 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 CAMP SAFARI YOU WILL RECEIVE:

- A MESSAGE STATING YOUR NAME HAS BEEN ADDED TO THE WAIT LIST TO PARTICIPATE IN CAMP SAFARI
- 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 Camp Safari is APPROX \$520.00 which includes the ACTIVITY/FACILITY RATE AND THE ADMINISTRATIVE RATE. *RATES ARE SUBJECT TO CHANGE JUL 01 EACH YEAR

1. ACTIVITY/FACILITY RATE = APPROX \$220.00 – 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 Camp Safari with the Arc of Chester County. Please contact your Service Coordinator if you have any questions. If you are **NOT** authorized through MHMR, you are responsible for the ADMINISTRATIVE RATE for Camp Safari.

DEPOSIT INFO:

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

SPACE IS LIMITED

CAMP SAFARI	AUG 22-26 2016
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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 CAMP SAFARI:	
NAME, ADDRESS, AND PHONE NUMBER OF PAYEE RESPONSIBLE FOR ADMINISTRATIVE RATE FOR CAMP SAFARI:	
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 CHILD ATTENDS.	