



# Day Camp Application

890 Pomeroy Ave. #201 Santa Clara, CA 95051  
tel (408) 260-2300 fax (408) 260-0693  
[www.bestsummerever.org](http://www.bestsummerever.org)

Name of Applicant: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's age when camp starts: \_\_\_ Grade in September: \_\_\_\_\_

What school does your child presently attend? \_\_\_\_\_

How did you hear about Delphi Summer Camp? \_\_\_\_\_

## Family Information

Mom's Name: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's e-mail: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's e-mail: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



## Summer Weeks Desired

Please check **all** the weeks your child will be attending camp. Four consecutive weeks is the minimum attendance. Each week is \$355, with \$50 off if attending all 8 weeks of summer camp. Additional costs for camping trips (for meals, special activities, etc.) will be billed separately.

June 21 - 25

July 19 - 23

June 28 - July 2

July 26 - 30

July 6 - 9

August 2 - 6

July 12 - 16

August 9 - 13



Don't forget page 2! ►

# Summer Camp Application - page 2

(Use more paper as needed).

## Student Questionnaire

1. What would you like to accomplish this summer at Delphi?
2. How do you spend your free time?
3. Is there any area of your studies that you would like to improve?
4. Which subject do you like the most?
5. Which subject do you like the least?

## Parent Questionnaire

1. Is there an area of potential in your child you would especially like to see developed?
2. Which of your child's qualities do you respect and admire most?
3. What type of things upset your child?
4. What kinds of grades is your child currently receiving in Math\_\_\_\_\_ English\_\_\_\_\_?
5. What is prompting you to choose Delphi this summer?

*If the answer to any of the following questions is 'yes', please explain in full on a separate page.*

6. Has your child ever had physical, mental, emotional, academic or disciplinary difficulties? Yes/ No
7. Has he/she ever been prescribed a medical drug for behavioral or study difficulty? Yes/ No
8. Are there any restrictions regarding his/her physical activity? Yes/ No

I understand that to secure my child's place, a completed application with current photo must be submitted to the Registrar with a non-refundable application fee of \$75. All applicants are evaluated prior to acceptance to ensure correct placement in the academic portion of Summer Camp. If accepted, a non-refundable deposit of \$250.00 will secure my child's position at Delphi's Camp. Upon signature of this form I am agreeing to pay all fees for the camp weeks I have chosen. No refunds of summer fees or deposits can be made for any reason whatsoever.

**I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**