



# Summer Camp Application & Information:

## Application for Admission:

Complete the following application and email/mail/deliver it to this address:

Little House Learning Center  
7021 Crider Road  
Mars Pa, 16046  
[jen.osterman@littlehouselearningcenter.com](mailto:jen.osterman@littlehouselearningcenter.com)

Camp enrollment is secured by completing and returning the following:

- Application Packet
  - Camp Application
  - Camp Agreement
  - Permission and Release of Liability for Field Trips & Activities
  - Autopay form – required for payment (available on BW)
- Current copy of child's physical (Due BY camp orientation)

## Registration Procedures:

We will process the applications based on the following schedule:

Phase 1: Little House Family Members	February 1 <sup>st</sup> – February 28 <sup>th</sup>
Phase 2: Open Registration	March 1 <sup>st</sup> – OPEN

- Final Camp Field Trip List is Available by 3/1
- Switch days will be granted for camp on a first come first serve basis

## Important Dates:

**Friday April 3<sup>rd</sup>** Last Day To make changes to your Summer Camp Schedule

**May 11<sup>th</sup> OR May 12<sup>th</sup> 5:00-6:00pm** - Required Summer Camp Orientation  
Arrive anytime between 5 and 6 pm.

**Monday June 8<sup>th</sup>** - First Day of Summer Camp

Hope to see you for Summer Camp!!!  
Jennifer Osterman, *Director/Owner*  
Brianne Knirnschild, *Director*  
724-776-5583

**ALLERGIES:** My Child Does Have Allergies

Parents MUST complete a food/allergy alert

**Office Use Only**

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accepted  Declined 

Name Last Middle First Nickname

Boy  Girl 

Birth-date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthplace: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cellular Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_



Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cellular Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Please Circle: Married Divorced Remarried Widowed Other \_\_\_\_\_

Please explain the family pattern if the child does not live with both biological parents in one household.

You may include information about adoption, foster care, guardianship, etc. If the child is adopted is he/she aware of the adoption?

**Please check the days/program you are applying for:**

- Full Day Summer Camp and Care (7am -6pm) 3-5days/week
- Summer Camp (9-3:30) 3-5 days/week
- Flex Time - \$12.00 per hour

**T-Shirt Size (circle one)**

<b>xs</b> 4/5	<b>s</b> 6/7	<b>m</b> 8/10	<b>l</b> 11/12	<b>xl</b> 14
------------------	-----------------	------------------	-------------------	-----------------

**Summer Camp Orientation:***I understand that I am responsible to attend one of the two summer camp orientations.**Please sign next to the date you will attend:**Monday May 11<sup>th</sup> \_\_\_\_\_**Tuesday May 12<sup>th</sup> \_\_\_\_\_**Arrive between 5 & 6pm to LHLC***How did you hear about us?**

Referred By: \_\_\_\_\_

- Internet Search
- Print Advertising

Other: \_\_\_\_\_

# CAMP AGREEMENT 2026

55 Pa Code Chapters 3270.123 & 181©; 3280.123 & 181©; 3290.123 & 181©

**Childs Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Weekly Schedule & Fee's per the information below:**

1. Please initial below for each week your camper WILL attend.
2. Place an **E** in the box for each day of the week your camper WILL attend Extended care hours.  
OR place a **C** in the box for each day of the week your camper WILL attend Camp hours.

Initial to choose the week ↓	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>	<b>Camp Weeks</b>
						6/8 Carnival
						6/15 Food Frenzy
						6/22 Kitchen Chemistry
						6/29 Get Moving
						7/6 Jungle Jamboree
						7/13 Splash & Yuck
						7/20 Robo Rampage
						7/27 Inventors Lab
						8/3 Hobbies Happening
						8/10 End of Summer Bash
						8/17 End of Summer Bash

**Extended Day – 1 week 7am-6pm**

- 5 days/week \$334.00
- 4 days/week \$286.00
- 3 days/week \$231.00

**Camp Hours – 1 week 9am – 3:30pm**

- 5 days/week \$268.00
- 4 days/week \$225.00
- 3 days/week \$189.00

\*Please Note, 1 & 2 day options per week are not available

\*\* Junior Counselors Status is available for all students entering 5<sup>th</sup> or 6<sup>th</sup> grade!

**Payment Options:**

- Invoices will be sent via email
- Payments can be made via cash, check to credit cards.
- Tuition payments are due based on the LHLC Calendar in BW (every 2wks)

\*\* A credit card is REQUIRED be placed on file TO BE charged for autopay OR if payment is not received by the payment due date \*\*

Your signature below represents:

1. Having received written information regarding this summer program (pa code 3270.121,3280.121,3290.121)
2. Agreement to update emergency contact information if it changes this summer (pa code 3270.124,3280.124,3290.124)
3. Permission to take pictures of the above child for Brightwheel, camp DVD's and advertisements for camp.
4. Understanding that changes can be made to the above schedule in writing through **Friday April 3, 2026**  
\*\* Please be as accurate as possible. \*\* *You can remove no more than 5days.*\*\*
5. Tuition above includes: Breakfast (camp & care) and PM snack. Field Trips, transportation & activity costs covered in tuition. **\*\* Packed lunches required M,T,Th,F \*\* Pizza Provided each Wednesday**
6. As of 4/3, YOU WILL BE CHARGED FOR EACH SESSION YOU SELECTED, WHETHER OR NOT YOUR CHILD ATTENDS. \*requests to switch camp days will be granted first come first serve\*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director/Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/>	<b>YES</b>
I will be a Junior Counselor	
Campers entering 5 <sup>th</sup> or 6 <sup>th</sup> grade	
<b>5% off</b>	

**Summer Camp 2026**  
**PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY**  
**FOR FIELD TRIPS & ACTIVITIES**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a camper at Little House Learning Center.

I hereby permit my child to attend field trips on Tuesdays and Thursdays to varied locations and destinations.

I understand that although the students will be supervised by Little House Staff and Parent Chaperones, I do assume the risk in my student's participation in the events. If I choose not to permit my child to participate in this field trip activity, he/she will remain home from LH Camp on the day of the Trip. The field trips may include but are not restricted to; fishing, swimming (see below), canoeing, kayaking, ropes course, ziplining, hiking, archery, sand play, playground equipment, horseback riding, sports activities and general play. – Final List to be distributed by 3/1

I acknowledge that I will not seek to have Little House Learning Center or JDM Incorporated held liable in the event of any accident, injury, loss of property or any other circumstance or incident occurs during or because of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, or damage to the student, as well as to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless Little House Learning Center or JDM Incorporated, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s). I have read and understand and accept all the statements recited above and accept full responsibility as described.

Date: \_\_\_\_\_

Parent's/Guardian's Signature

**Swimming:**  
**\*\* we will not be swimming in summer 2026**

**Kayaking:**

If approved, kayaks would cruise alongside the canoe or kayak. ALL campers in a canoe or kayak MUST wear a lifejacket. Each Canoe will carry one adult and 2-3 children wearing life jackets. The kayaks will ONLY be permitted IF approved.

I DO NOT permit my child to kayak in an individual kayak \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I DO permit my child to kayak in an individual kayak \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_