

Spruce Lake Day Camp - 2026 Registration Form

2026 Prices

Day Camp is available Monday-Friday 9 AM-4 PM from Wednesday, June 10 to Friday, August 21

Single Week - \$295/week (5 days)

Daily Rate - \$68/day (1-4 days)

Half-Summer Package - \$271/week (any 5-8 full weeks)

Whole Summer Package - \$251/week (any 9-10 full weeks)

Extended Care (7:30-9:00 AM and 4:00-5:30 PM) - \$8/day per camper

Sibling Discount - \$10/ week for 2nd child, \$20/ week for 3rd child, etc. (3+ days/week only)

Refer a Friend Discount - \$50 off for you and \$50 off for your friend (1 referral discount per referral/family)

Early Registration Discount - Register early to save! February earlybird available through February 28. May earlybird available through May 3. See website for details.

Registration / Payment Details:

- Tuition includes camp T-shirt and all programmed activities.
- Tuition is due by Friday 5:00 PM prior to registered camp week.
- Space is not guaranteed without registration and deposit.
- Payments can be made by cash, check or credit card.
- No reductions if camper does not attend all contracted days.
- \$25 fee will apply for checks returned due to insufficient funds.

Day Camp DEPOSIT enclosed - \$30 per child per week:

\$ _____

Return this form with Parent Agreement and non-refundable Deposit

Spruce Lake Day Camp

5389 Route 447

Canadensis, PA 18325

570-595-7505 ext. 4

daycamp2026@sprucelake.org

www.sprucelake.org

See other side to complete registration information

Spruce Lake Day Camp - 2026 Registration Form

Last Name: _____ First Name: _____ Birth Date: ____/____/____ Gender F M

School _____ Grade in 2025/26: _____

Allergies/Dietary Restrictions: _____ Medical Concerns: _____

Camper Home Address _____ City _____ State _____ Zip _____

Primary Phone # (____) _____ - _____ T-Shirt size: YOUTH / ADULT Small Medium Large

Guardian 1 _____ Guardian 2 _____

Cell # (____) _____ - _____

Cell # (____) _____ - _____

Work # (____) _____ - _____

Work # (____) _____ - _____

Home # (____) _____ - _____

Home # (____) _____ - _____

Email _____

Email _____

List your cell phone provider (e.g. Verizon, AT&T, etc.) if you would like to receive text messages:

Guardian 1: _____ Guardian 2: _____

Church _____ Denomination _____ Pastor _____

Emergency Contact 1 _____ Relationship to Camper _____ Phone: _____

Emergency Contact 2 _____ Relationship to Camper _____ Phone: _____

Authorize additional adults to pick up your camper: _____

DC Week	Circle Days	Extended Care	Shuttle	Circle Shuttle Location
DC 1 June 10-12	W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 2 June 15-19	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	1. Swiftwater
DC 3 June 22-26	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 4 June 29-July 3	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 5 July 6-10	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	2. Pocono Summit
DC 6 July 13-17	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 7 July 20-24	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 8 July 27-31	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	3. Greentown
DC 9 Aug 3-7	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 10 Aug 10-14	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	
DC 11 Aug 17-21	M T W Th F	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shuttle _____	

Extended Care - 7:30-9:00 AM & 4:00-5:30 PM

Extended Care not available with shuttles

A late fee will be charged for campers not picked up by 5:30 PM.

Minimum \$30/week NONREFUNDABLE deposit due to complete your registration. OFFICE ONLY => Deposit Payment Rec'd _____

SEND this form & payment to Spruce Lake Day Camp, 5389 Rt. 447, Canadensis, PA 18325

CC MO CA CK # _____

MAKE CHECKS payable to Spruce Lake Retreat.

DISCOVER VISA MASTERCARD Card expiration _____ / _____ CVV: _____ Amount Authorized \$ _____

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Cardholder (PRINT) _____ Signature _____ Date _____

See other side for pricing/payment details