

Delphinia
P. O. Box 1119
McCaysville, GA 30555
Phone (706) 492-2990 - (706) 492-4364

**“It is easier to grow healthy girls and boys than it is
to repair broken men and women.”**

Application for Enrollment June 28 – July 5

(Please type or print clearly)

Check which program you are interested in:

Summer Camp Individual Program

Date _____

Name of Child _____ Nickname _____ Sex _____
Social Security # _____ Age at Arrival _____ Grade Completed _____
Birthday (Month/Day/Year) _____

Address _____ Telephone (____) _____

City _____ State _____ Zip Code _____

School and Address _____

Parent's e-mail address: _____ Child's e-mail _____

Father's Name _____ Father's Business Phone (____) _____

Father's Occupation _____ FAX (____) _____

Father's Address (if different from camper's) _____ Phone (____) _____

Mother's Name _____ Mother's Business Phone (____) _____

Mother's Occupation _____ FAX (____) _____

Mother's Address (if different from camper's) _____ Phone (____) _____

I agree to abide by Delphinia's regulations for students and to read the policies before Delphinia attendance. I will not possess or use tobacco, alcohol, drugs or other controlled substances not prescribed by a physician. A violation of any regulation would be grounds for my expulsion, without refund, from Delphinia.

How did you find out about Delphinia? _____

How will your child travel to and from Delphinia? Car Plane (Airport Shuttle is \$135 per person round trip)

Cost: \$1575 per student includes Room and Board

Deposit: A deposit of \$325 per child is required to reserve your space.

Payment Information: Please check and/or fill in the appropriate box/boxes

Amount Paid with Application _____
Check or Money Order _____
Credit Card Type _____

Cardholder's Name _____

Card Number _____ Exp _____

Signature _____

Please return all forms to:

DELPHINIA
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**PLEASE ATTACH
PHOTO HERE**

INFORMATION FROM PARENTS FOR THE GUIDANCE OF DELPHINIA'S STAFF

Has your child been away from home before? _____ Does your child want to attend Delphinia?

Brothers? _____ Ages _____ Sisters? _____
Ages _____

Favorite activities _____

Home responsibilities _____

Both parents living? _____ together? _____ To who should correspondence be sent? _____

Who has custody? Mother Father Joint Other _____

What do you feel your child's maturity level is?

Please discuss any physical or emotional conditions or other needs that might require our special attention.

What are your child's strengths?

What are your child's weaknesses?

Has your child ever received counseling or therapy? _____ If so describe

What do you particularly wish your child to gain from Delphinia?

On a separate sheet of paper, please have your child write a paragraph on why they would want to come to and experience Delphinia.

On a scale of 1 to 10 what is your child's concentration level? _____ Does your child consider her/himself to be sensitive, insensitive, overly sensitive

We appreciate your sensitivity in answering these questions, which will be kept in confidence. Delphinia thanks you for the opportunity to provide this growth experience for your child. We promise to uphold safety standards and to maintain unusual sensitivity and individual approach toward bringing physical, emotional, and spiritual nourishment to your child's life, and to maintain a balance between integrity and happiness.

Delphinia is an equal opportunity educational provider that does not discriminate on the basis of race, color, national origin, religion, sex, age, disabling condition or sexual orientation.

CONTRACTUAL ARRANGEMENT BETWEEN DELPHINIA AND STUDENTS' PARENT or GUARDIAN

I understand my child must abide by Delphinia's regulations for students, and that possession or use of drugs, alcohol, tobacco, or other controlled substances not prescribed by a physician are prohibited. I understand Delphinia has the right to expel without refund any child who violates any regulation, creates a risk to the health and safety of others, or whose presence threatens the best interest of Delphinia.

My child is physically fit and has no condition or disease which would create a risk or hardship for my child or others. I will submit the medical certificate and release by the date final payment is due. ***I understand medical insurance is required.***

My child has my consent to participate in all Delphinia activities including those described in the Delphinia literature. I acknowledge that some activities are potentially hazardous and may involve a risk of bodily injury, and I hereby release Delphinia from any liability whatsoever for any risks, damages or causes of action.

By my signature I acknowledge that I have read and agree to the contractual terms and Delphinia's literature and policies.

Signed by Mother or
Guardian _____

Signed by Father or
Guardian _____

Both signatures required unless one parent or guardian has FULL custody.

Does Delphinia have your permission to use your child's picture in photo and video production?

Yes

No

Delphinia Youth Camp
Sunday June 28th to Sunday July 5th
\$1575 All inclusive
Call or email for more information
"The best week your child ever had !"