Summer Camps

June + July 2019

Camp Journey

- Week 1: June 17-21
- Week 2: June 24-28
- Week 3: July 8-12
- Week 4: July 15-19
- 9 am - 2 pm daily
- Cost: $350/week
- Ages: 6-21

Camp Journey is a weekly camp designed to promote independence, socialization, recreational skills and confidence. Activities include: arts and crafts, sports, outdoor and nature games, music and animal activities. Campers can attend one or more weeks. Snacks will be provided, but campers should bring their own lunch.

Camp Mighty Tykes

- July 22-26
- 9 am - 12 pm
- Cost: $200/week
- Ages: 3-5

Camp Mighty Tykes is one-week camp designed to promote independence, socialization, recreational skills and confidence. Activities include: arts and crafts, group games and outdoor games.

If your child is a current or former patient of Penn State Hershey Medical Center, they may be eligible for a scholarship. Please ask for more details. No other scholarships are available.

More information: www.legupfarm.org
Camper’s Name: _____________________

Age: _____________

Current/Former Patient of Hershey Medical Center: □ Yes □ No

Gender: _____________

Name of Parent/Guardian: ____________________________________________

Primary Phone: _____________________

Email Address: __________________________________________________________

Secondary Phone: _____________________

Address: _______________________________________________________________________

City: _____________

State: _____________

Zip: _____________

Does your child have TSS/support staff/nurse at school or home? □ Yes □ No

Select Camp(s):

□ Camp Journey ($350/week)
  □ Week 1: June 17-21
  □ Week 2: June 24-28
  □ Week 3: July 8-12
  □ Week 4: July 15-19

□ Camp Mighty Tykes: July 22-26 ($200)

Select T-Shirt Size:

Youth □ XS □ S □ M □ L

Adult □ XS □ S □ M □ L □ XL

Method of Payment:

□ Check □ Cash □ Credit □ MH/IDD or Other Agency

Mail to: Leg Up Farm, 4880 N Sherman St, Mount Wolf, PA 17347. Checks made payable to Leg Up Farm. To pay by credit card, call (717) 266-9294.

If you are using a third party to pay for services you must provide the following information so that availability of funds can be verified.

Agency: _____________________

Caseworker Name: _____________________

Primary Phone: _____________________

Email Address: _____________________

Payment in full required at time of registration unless using Family Driven Funds through MH/IDD or other agency. Fees are non-refundable.