

# Summer Camp Registration Form

Submit this form (1 per child) and immunization records to: Ashland Nature Center, P.O. Box 700, Hockessin, DE 19707 | Fax: 302.239.2473 | Email: Candy@DelNature.org

Parent/Guardian 1: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_ Email: \_\_\_\_\_ OK to email me:   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_ Email: \_\_\_\_\_ OK to email me:   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female  
Camp title: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care: \* AM  Ashland Half-Day Lunch Bunch  PM   
Camp title: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care: \* AM  Ashland Half-Day Lunch Bunch  PM   
Camp title: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care: \* AM  Ashland Half-Day Lunch Bunch  PM

For additional camps, attach pages to this form. \*Extended Care available only for camps at Ashland (AM, HDLB, PM), Coverdale (PM only), and DEEC (PM only) - details on page 30

Additional emergency contact 1 (required): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Additional emergency contact 2 (required): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Required confidential medical and emergency information for my child

Allergies (including food allergies)

None  Yes. List here: \_\_\_\_\_ (attach sheet if needed)

Medications

None  Yes. List here: \_\_\_\_\_ (attach sheet if needed)

Special Accommodations & Restrictions: List any physical restrictions, emotional/behavioral exceptionalities, fears, etc. **If your child is receiving special services at school please list the accommodations.**

None  Yes. List here: \_\_\_\_\_ (attach sheet if needed)

Physician's name & phone #: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

I am submitting immunization records along with this form

Yes  No: In case of emergency, I give permission to have my child, \_\_\_\_\_  
\_\_\_\_\_ receive first aid and be transported to the nearest hospital by professional,  
emergency personnel. I understand I will be financially responsible for the cost of such treatment.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information (credit card information will be kept secure)

Enclosed for camps: \$ \_\_\_\_\_ + Ext. Care: \$ \_\_\_\_\_ + Memberships: \$ \_\_\_\_\_ = Total enclosed: \$ \_\_\_\_\_

I am paying by:  Check (payable to Delaware Nature Society)  Mastercard  Visa  American Express

Credit card #: \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy) 3-digit Security Code (on back of the card): \_\_\_\_\_

Authorized signature: \_\_\_\_\_

## Become a Delaware Nature Society Member

Not a member? Sign up and save on camp fees!

Household \$55  Household Plus \$85  Grandparent \$55

Full names of all household members:

Adult 1: \_\_\_\_\_

Email: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Adult 2: \_\_\_\_\_

Email: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_