

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: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 2: _____

Cell phone: _____ Alt phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's name: _____ Birth date: _____ Male Female

Camp title: _____ Date: _____ Fee: \$ _____ Extended Camp: * AM PM Lunch Bunch: *

Camp title: _____ Date: _____ Fee: \$ _____ Extended Camp: * AM PM Lunch Bunch: *

Camp title: _____ Date: _____ Fee: \$ _____ Extended Camp: * AM PM Lunch Bunch: *

To register for additional camps, attach pages to this form.

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 or dietary restrictions)

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

Medications

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

Special Accommodations and 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 and phone #: _____

Medical insurance company: _____

Policy #: _____

I am submitting immunization records along with this form.

Yes No: Photos/videos of my child may be taken/used to support Delaware Nature Society's mission - thank you!

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) Visa Mastercard Discover 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 Household member? Sign up and save on camp registration!

Make me a Household Member (\$75) - details at DelNature.org

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: _____