

SUMMER CAMP

Registration Form

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

Age rules (required): I understand my child must within be the required age range by the first day of the camp and that this registration may be cancelled if it is not.

Camps

Camp title: _____	Date: _____	Fee: \$ _____	Extended Camp (Ashland only):*	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Camp title: _____	Date: _____	Fee: \$ _____	Extended Camp (Ashland only):*	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Camp title: _____	Date: _____	Fee: \$ _____	Extended Camp (Ashland only):*	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Camp title: _____	Date: _____	Fee: \$ _____	Extended Camp (Ashland only):*	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Camp title: _____	Date: _____	Fee: \$ _____	Extended Camp (Ashland only):*	AM <input type="checkbox"/>	PM <input type="checkbox"/>

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

*Extended Camp details at DeNature.org/SummerCamp

Additional emergency contacts (both required):

Contact 1: _____ Phone: _____ Relationship: _____
Contact 2: _____ Phone: _____ Relationship: _____

Additional individuals authorized to pick up my child:

Individual 1: _____ Phone: _____ Relationship: _____
Individual 2: _____ Phone: _____ Relationship: _____
Individual 3: _____ Phone: _____ Relationship: _____
Individual 4: _____ Phone: _____ Relationship: _____

Individuals never authorized to pick up my child:

Individual 1: _____ Phone: _____ Relationship: _____
Individual 2: _____ Phone: _____ Relationship: _____
Individual 3: _____ Phone: _____ Relationship: _____

Confidential Medical and Emergency Information for My Child (all items in this section required)

Allergies - Food or Environmental

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)

Vaccinations

Dates of Covid19 vaccinations: 1st Dose (m/d/yyyy): _____ 2nd Dose (m/d/yyyy): _____ Booster (if eligible) (m/d/yyyy): _____

Covid19 vaccination are required for the following camps which involve indoor cooking: Coverdale Chefs Go Global, Cooking the Rainbow, The Wizard's Kitchen, Wizards and Lizards, Chopped, Coverdale 4D Camps (all). All attendees of these camps must show their official vaccination card showing full vaccination at drop-off on first day of their camp.

Date of MMR vaccinations: 1st Dose (m/d/yyyy): _____ 2nd Dose (m/d/yyyy): _____

Date of last Tetanus/Diphtheria vaccinations: 1st Dose (m/d/yyyy): _____

Physician's name and phone #: _____

Medical insurance company: _____

Insurance policy #: _____

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 for this child to receive first aid and be transported the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for the cost of such treatment.

Yes No: (Needed for camps with van trips only) I give permission for this child to be transported, using transportation provided by or arranged by Delaware Nature Society, for the purpose of participating in offsite trips and activities when scheduled as part of this program. I understand that the participant will be seat-belted while the vehicle is in motion.

Parent/Guardian signature: _____ Date: _____

Payment Information

Enclosed for camps: \$ _____ + Ext. Care: \$ _____ + Membership: \$ _____

Total enclosed: \$ _____

I am paying by: Credit Card Check (payable to Delaware Nature Society)

Authorized signature: _____

Become a DelNature Member

Sign up and save on camp registration!

Enjoy early registration and special pricing on all camps when you become a Household-level Member (\$75).

Full names of all household members:

Adult 1: _____

Email: _____

Cell Phone: _____

Alt Phone: _____

Adult 2: _____

Email: _____

Cell Phone: _____

Alt Phone: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

More ways to register: DelNature.org/SummerCamp or 302.239.2334 ext. 1000