

# SUMMER CAMP

## & PRESCHOOL SUMMER FUN PROGRAMS

### REGISTRATION FORM

Submit this form (1 per child) to: Ashland Nature Center, P.O. Box 700, Hockessin, DE 19707 | Email: [Glynn@DelNature.org](mailto:Glynn@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: \_\_\_\_\_ Last Grade Completed by 6/12/2023: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

- Age rules (required): I understand my child must be within the required age range by the first day of the camp and that this registration may be cancelled if it is not.
- This is my child's first time attending Delnature's Summer Camps or Pre-K Summer Fun Programs

#### Camps and Pre-K Summer Fun (PKSF) Programs

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

To register for additional Camps or PKSF programs, attach pages to this form. \*Extended Camps are for full day camps only. Details at [DelNature.org/SummerCamp](http://DelNature.org/SummerCamp)

#### Additional individuals authorized to pick up my child (additional to parents/guardians above):

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: _____

**Additional emergency contacts (both required, should not be parent/guardian):**

Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 2: \_\_\_\_\_ 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**

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 motion.

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

**Payment Information**

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

Total enclosed: \$ \_\_\_\_\_

I am paying by:  Credit Card (we'll call for your card info)  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**