

SUMMER CAMP

& Pre-K Summer Fun Programs

Registration Form

Submit this form (1 per child) to: Ashland Nature Center, 3511 Barley Mill Road, Hockessin, DE 19707 | Email: Glynne@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

Preferred nickname: _____ Last Grade Completed in School _____

- Age rules (required): I understand age for DelNature camps is determined as of age on **June 1st** of the current year and that this registration may be cancelled if my child is not the correct age.
- This is my child's first time attending DelNature Summer Camps or Pre-K Summer Fun Programs.

Camps or Pre-K Summer Fun (PKSF) Programs (children attending full day, 5-6 year old camps, MUST have completed kindergarten.)

Camp/PKSF title: _____ Date: _____ Fee: \$ _____ Extended Camp (Ashland only):* AM PM

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*To register for additional camps, attach pages to this form. * Extended Camp only offered for full day camps held at Ashland Nature Center. details at DelNature.org/SummerCamp*

Additional emergency contacts (both required, in addition to Parents):

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: _____

Individuals never authorized to pick up my child:

Individual 1: _____ Phone: _____ Relationship: _____
 Individual 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 (if medications are to be administered at camp, parent must complete a medication form and turn it into the camp staff.)

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

Special Accommodations and Restrictions

List health or other conditions that impact the participant's ability to participate in indicated program activities (special services at school, health conditions & concerns, medications, etc.).
Enter 'None' if appropriate. None Yes. List here: _____

_____ (attach sheet if needed)

Vaccinations

MMR vaccinations: 1st Dose (m/d/yyyy): _____ 2nd Dose (m/d/yyyy): _____ Last Tetanus/Diphtheria vaccinations: (m/d/yyyy): _____

Physician's name and phone #: _____

Medical insurance company: _____

Insurance policy #: _____

Yes No: I grant permission to DelNature the right to produce photographs and video taken of my child, myself, and members of my family while at any DelNature location or sponsored event, for any lawful purpose

Yes No: I give DelNature staff permission to provide basic first aid to my child and secure a physician in emergency situations. If I cannot be reached in an emergency, a physician may hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand this form may be photocopied and shared with staff as needed. I give permission to discuss my child's health status with providers and obtain my child's health record. I understand I am financially responsible for bills associated with 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.

Yes No: I agree not to hold DelNature and staff responsible for liability resulting from participant negligence, nor for any expenses, claims, or losses above its equitable share of liability or for any amount in excess of actual economic damage.:

Parent/Guardian Signature: _____ Date: _____

Payment Information

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

Total enclosed: \$ _____

I am paying by: Credit Card (We'll call you 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: _____