



Wade Into Wetlands Summer Science Camp 2019

REGISTRATION, HEALTH AND AUTHORIZATION FORM

<i>For Office Use Only</i>	
Date _____	
Receipt # _____	
Check # _____	
Scholarship Type _____	
Amount Paid _____	

Camper Information: (Please print)

Camper's Name _____, _____, _____ Sex: M F
 (circle) (Last) (First) (MI)

Age: ____ DOB: ____/____/____ Grade Entering in Fall: ____ School Child Attends: _____

Check T-Shirt Size: Youth S __ M __ L __ Adult S __ M __ L __ XL __

Check camp(s) your child will attend: (Grades listed are for the grade your child will enter in Fall 2019.)

Eddie V. Gray Wetlands Center Day Camps: \$150/week

1st-3rd Grades 8 am - 4 pm	4th-6th Grades 8 am - 4 pm	7th-10th Grades 8 am - 4 pm
___ Exo-lent Arthropods (June 17-21)	___ Hooked (June 3-7)	___ Wild Jobs (June 10-14)
___ Wings Over Wetlands (July 15-19)	___ Forest Adventures (July 8-12)	___ MOVE (June 24-28)
___ Mad Science (August 5-9)	___ Aqua World (July 22-26)	___ Advanced Anglers (July 1-3)
	___ Creeping Things (August 12-16)	___ Lit-early Rocks! (July 29- August 1)

Check if extended care needed: _____ Extended morning program 7am-8am: \$10/week
 _____ Extended evening program 4pm-6pm: \$20/week

Baytown Nature Center Camps: \$75

1st-3rd Grades 8am-12pm	4th-6th Grades	7th-10th Grades 6-10 pm
___ Bug Week (June 3-7)	___ Green Thumbs (June 8-12) 8am-12pm	___ ALIVE! (July 22-26)
___ Young Naturalists (July 8-12)	___ Time Travelers (July 29-August 2) 6-10pm	

All fees are payable to the Wetlands Center and must be paid when the registration form is turned in or spot is not guaranteed. If applying for academic or financial scholarship, ALL forms (registration, teacher recommendation, and scholarship application) must be turned into the Wetlands Center to hold your child's spot.

Wetlands Center Camp Total	\$	
Baytown Nature Center Camp Total	+ \$	
Before/After Camp Care Total	+ \$	
Sub Total	\$	
Scholarships/Financial Aid	-	
Total	\$	



Parent/Guardian Information:

Parent Name: _____ , _____ , _____
(Last) (First) (MI)
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____ @ _____

Emergency Information:

In case of emergency, notify: _____ Relation: _____
Daytime Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____
Child's Doctor: _____ Dr.'s Phone: (____) _____ - _____
Hospital Preference: _____

If your child has allergies, is taking medication or has special needs that you feel the staff needs to know, please list them here.
(All medications must be in original container with dosage clearly marked.)

Please list name(s) of people who may pick up your child from camp:

_____, _____, _____, _____

(If someone other than the persons listed above will be picking up your child, the Wetlands Center Staff must be notified in advance.)

I give permission for _____ to participate in any activities and field trips during the Wetlands Center Summer Camp 2019. In case of emergency I further authorize Wetlands Center staff to consent to any medical attention deemed necessary for my child, the same as I would if I were present. I hereby release and agree to hold harmless the Wetlands Center and its staff against any and all losses, liabilities, expenses and causes of action for personal injury to my child resulting from his/her participation in this camp program. My signature below also allows the Wetlands Center or its designate to use photos or videos of my child for publication purposes. **I understand if my child is sent home because of discipline problems there will be no refund.**

(Parent/Guardian Signature)

(Date)