

registration form

Please print. Be sure to fill out both sides of this form. A separate form is required for each camper.

Camper's Full Name _____

Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Are you a member of the Museum? Yes No Email address _____

programs Each camp runs for 2 consecutive weeks. Check the camp(s) to attend:

great explorations Each session is \$145 for members, \$160 for non-members, and includes a t-shirt.

- Session 1. **Things That Go** (Mon., June 22 - Wed., June 24 & Mon., June 29 - Wed., July 1)
- Session 2. **Animal Friends Around the World** (Mon., July 6 - Wed., July 8 & Mon., July 13 - Wed., July 15)
- Session 3. **Triple Play** (Mon., July 20 - Wed., July 22 & Mon., July 27 - Wed., July 29)
- Session 4. **Fantastic Jurassic Fun** (Mon., August 3 - Wed., August 5 & Mon., August 10 - Wed., August 12)
- Session 5. **A Wild Time** (Mon., August 17 - Wed., August 19 & Mon., August 24 - Wed., August 26)

camp discovery Each session is \$145 for members, \$160 for non-members, and includes a t-shirt.

There is no Session 1 camp for this age group

- Session 2. **Wild & Wacky Science** (Mon., July 6 - Wed., July 8 & Mon., July 13 - Wed., July 15)
- Session 3. **Matisse to Monet to Me** (Mon., July 20 - Wed., July 22 & Mon., July 27 - Wed., July 29)
- Session 4. **Studio G: FETCH!™** (Mon., August 3 - Wed., August 5 & Mon., August 10 - Wed., August 12)
- Session 5. **Art in Nature** (Mon., August 17 - Wed., August 19 & Mon., August 24 - Wed., August 26)

Total amount of payment _____ Cash _____ Check _____ Charge _____

I acknowledge that payment in full is due with this application. When my child is enrolled in a program, refunds (minus \$25 processing fee) may be requested until Friday, May 29. After May 29, the program fee cannot be refunded for any reason.

Signature of Parent/Guardian _____

I hereby give permission to The Children's Museum in Easton to use any and all photos/videos of my child for the sole purpose of Museum publicity, marketing and/or promotions.

Yes No Signature of Parent/Guardian _____

questions? call the museum at (508) 230-3789 This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Parents may request copies of background check, health care and discipline policies as well as procedures for filing grievances.

emergency information

Please print

Parent/Guardian emergency numbers

1. Person's name _____ Relationship to camper _____
Daytime phone _____ Cell phone _____
2. Person's name _____ Relationship to camper _____
Daytime phone _____ Cell phone _____

If we are unable to reach you at the above numbers, please provide the number of a friend or relative available during camp hours

3. Person's name _____ Relationship to camper _____
Daytime phone _____ Cell phone _____

Pediatrician's name _____

Address _____

Phone number _____

Dentist's name _____

Address _____

Phone number _____

Date of most recent well-check/physical exam _____ (must be within last calendar year)

Medical conditions or allergies _____

Medication to be administered at camp (including time/dosage) _____

Restrictions or modifications to camp program _____

Has your child ever attended a daycare, pre-school or class without an adult? _____

Anything else you would like us to know about the child _____



Please attach current copies of the child's well-check/physical and certificate of immunization to this form

I hereby give The Children's Museum in Easton's designated health supervisor permission to administer basic first aid and/or CPR to my child and/or take my child _____ to a hospital for medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.
child's name

Signature of Parent/Guardian _____ Date _____