

Heckrodt Wetland Reserve Eco-Explorers 2008 Summer Day Camp Registration

PLEASE PRINT CLEARLY

Child's Name _____ Age _____ Entering Grade _____
Only one child per registration form. (You may copy additional forms if you have more than one child, or contact us and we can send you additional copies.)

NEW SESSION ADDED: Age 3 - Entering K
Look, Sniff, Touch & Listen _____
June 24-28 (W, Th)
9-10:30 AM
\$35/child

Entering 1st-3rd grade
The World Beneath Your Feet _____
July 15-18 (T-F)
1-3 PM
\$45/child

Entering 4th-6th grade
Wildlife Rescue _____
July 29-31 (T-Th)
9 AM-3 PM
\$50/child

Ages 3 - Entering K
Look, Sniff, Touch & Listen _____
June 24-28 (W, Th)
9-10:30 AM
\$35/child

Entering 1st-3rd grade
The World Beneath Your Feet _____
July 22-25 (T-F)
1-3 PM
\$45/child

Entering 4th-6th grade
Wildlife Rescue _____
August 5-7 (T-Th)
9 AM-3 PM
\$50/child

❖ **Please see Eco-Explorers brochure for cancellation policy.**

We will notify you **ONLY** if the class is full or we need to cancel. Otherwise, your child is registered when we receive payment **and** registration/health form. We will send a confirmation letter with any additional information and reminders about the dress, etc. about 2-3 weeks before the Summer Day Camp Session.

Method of payment:

Check or money order should be made out to: Heckrodt Wetland Reserve. One check can be made out for all registered children. Make sure you include **all** registration/health forms with your check. You can mail your check and registration forms to Heckrodt Wetland Reserve, P.O. Box 554, Menasha, WI 54952. You may also stop by in person at the Heckrodt Nature Center during normal business hours to register.

For office use:

Date Registration Received: _____

Amount Paid: _____

Payment method:

Check # : _____ Cash: _____

**Heckrodt Wetland Reserve
Eco-Explorers Summer Day Camp
Health and Authorization Form**

PLEASE PRINT CLEARLY

Child's Name _____

Parent's Names _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mom's Work # _____ Dad's Work # _____

Mom's Cell Phone _____ Dad's Cell Phone _____ E-mail _____

If parents cannot be reached in an emergency, please notify:

Name _____ Phone (h) _____ (w) _____

Relationship _____

Name _____ Phone (h) _____ (w) _____

Relationship _____

Insurance Co. _____ Policy # _____

Hospital Preference _____

Doctor _____ Phone _____

My child has the following allergies or medical needs: _____

Medications my child is currently taking: _____

If sending medications to camp, please give name of medication and dosage instructions _____

(All medications must be in original container.)

In case of emergency I authorize Heckrodt Wetland Reserve staff to obtain medication or medical attention for my child if unable to reach parent, legal guardian or physician stated above. I hereby release and agree to hold harmless Heckrodt Wetland Reserve, its officers, or employees against any and all losses, liabilities, expenses, and causes of action for personal injury or death of my child.

Publicity Release: My signature on this document allows Heckrodt Wetland Reserve to use photos or videos of my child for HWR public relations purposes.

Parents Signature _____ Date _____