

# The Frelinghuysen Arboretum Summer Day Camp Registration

enjoy the  
experience

morris county park commission

## Fairy Camp

Ages 5 to 8 • \$175 per camper

June 24-28, 2019 • 9 a.m. – 2 p.m.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

Name(s) of Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Do we have permission to photograph your child at camp and use the images for future PR efforts?

\_\_\_\_\_  
Signature Date

Fee is nonrefundable unless we can fill your spot; then a \$25 cancellation fee will be applied \_\_\_\_\_ (initial)

**Emergency Contact** (If we're unable to contact you) : Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List of people authorized to pick up your child and contact number – even if it is just you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Bees: Y N Nuts: Y N Food: Y N Other: \_\_\_\_\_

Please describe the severity of allergy and accommodations required in detail: **Contact**  **Ingestion**

\_\_\_\_\_  
\_\_\_\_\_

Medical Issues: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### Medical Insurance Information:

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Anything else you'd like us to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Call The Frelinghuysen Arboretum at 973.631.5004 to register before mailing your check.  
Return completed form to The Frelinghuysen Arboretum, P.O. Box 1295, Morristown, NJ 07962  
Attn: Youth Horticulture with check made out to MCPC**