

Adventures in Nature!
SUMMER DAY CAMP 2019
REGISTRATION INFORMATION for Ages 5 to 7
Complete and Return both pages.



Date registered: _____
Childs name: _____ DOB: _____ Age: _____
Camp Session: _____ Dates: _____
Location: _____ Time: _____
How did you hear about our camp? _____

.....
Name(s) of Parent/Guardian(s): _____
Address: _____
Email (to **receive confirmation of reservation** and seasonal program updates):

Phone Numbers: Home: _____ Work: _____
Cell: _____

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

Signature _____ Date _____

Fee is nonrefundable unless we can fill your spot; 90% of the registration fee will be returned and 10% will be retained for administrative fees. _____ (initial)
.....

Emergency Contact: Name: _____ Relationship: _____
Phone Number: _____

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

Physician Name & Number: _____

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 Great Swamp at 973.635.6629 to register before submitting payment. Return completed form to the Great Swamp OEC 247 Southern Blvd. Chatham, NJ 07928. Please make checks payable to the MCPC



Summer Camp Rules

While I am at camp, I promise to:

- **Respect camp leaders
and the other campers**
- **Harm no living thing found in nature**
 - **Listen carefully to directions**
 - **Be open to learning new things**
 - **Cooperate and be part
of our “camp team”**
 - **Stay on the trails,
unless I have special permission**
 - **Leave no litter behind**

Child's Signature: _____

Parent/Guardian's Signature: _____

