

Adventures in Nature!
SUMMER DAY CAMP 2019
REGISTRATION INFORMATION for Ages 2 to 4
WOODSY WALKERS

*enjoy the
experience*
morris county park commission

Date registered: _____

Child's 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: _____

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