

MAD RIVER GLEN NATURALIST ADVENTURE CAMP

APPLICATION FORM

Child Information

Child's Full Name: _____

Name child goes by: _____ Date of Birth: _____ Gender: _____

Does child reside with (circle one): Mother Father Both Other (Please specify) _____

(Please use a separate set of forms for each child – you may fill in info that is the same for each child, photocopy and complete)

Parent/Guardian Information

Father's Name: _____ EMAIL _____

Home Address: _____ City _____ State _____ Zip Code _____

Phone Numbers: _____ (home) _____ (work) _____ (cell)

Mother's Name: _____ EMAIL _____

Home Address: _____ City _____ State _____ Zip Code _____

Phone Numbers: _____ (home) _____ (work) _____ (cell)

LOCAL INFO (if you don't reside locally, please list contact info where the child/guardian can be reached when attending camp)

Name of guardian (if staying with extended family or friends) _____

Address _____ City _____ Phone _____

Sibling Information (Please list any siblings below)

Name: _____ Age: _____ Gender: _____ Do they live with child? Yes No

Name: _____ Age: _____ Gender: _____ Do they live with child? Yes No

Emergency Information

If neither parent can be reached in case of emergency call:

Name: _____ Relationship: _____

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

Name: _____ Relationship: _____

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

Physician Name &

Address: _____ Phone: _____

Dentist Name &

Address: _____ Phone: _____

Name of Health Insurance: _____ Policy #: _____

MAD RIVER GLEN NATURALIST ADVENTURE CAMP

Permission Form & Personal History

Child's Name: _____

Are there currently or have there been any medical issues, allergies, or behaviors we should be aware of?

Are there any special eating or food instructions? _____

Is there any additional information that will help assist making camp a great experience for your child?

Drop Off/Pick-Up Permission

Written and dated notification with signature is necessary for persons not listed below. Thank you.

The following person(s) have permission to drop off and/or pick-up my child from the Mad River Glen Naturalist Camp.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PARENT/GUARDIAN PERMISSIONS

In the event of an emergency, I authorize the staff of the Mad River Glen Naturalist Adventure Camp to provide any first aid care deemed necessary for my child until I can be reached. In the event of an emergency in which I cannot be reached, the physician listed above and/or the local hospital are hereby authorized to provide any emergency care and obtain health records deemed necessary for my child. I understand that personal information will be disclosed only to MRGNAC staff and will be kept confidential unless necessary for the safety and health of my child. I understand that attendance at Mad River Glen Camp involves off-site activities, travel in the Mad River Glen van, and off-site swimming activities. I understand that photos of my child may be used for marketing or publicity purposes, unless I otherwise specify. **I have read the Mad River Glen Naturalist Adventure Camp Parent Policy Handbook and will agree to and accept all the terms and policies set forth.**

Parent/Guardian Signature

Date

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Enrollment Contract

Child's Name: _____

Please use the chart below and place an X in the appropriate dates. Full payment is due by Monday morning of each week in which you are registered. Any changes to the enrollment contract must be made at least three weeks in advance, or you will be charged for the dates you have registered. We are now accepting daily enrollment in summer camp sessions. **IN ORDER TO RESERVE SPACE FOR YOU CHILD, WE MUST RECEIVE THE FOLLOWING PAYMENT: 1) REGISTRATION FEE PLUS FIRST WEEK'S PAYMENT – OR; 2) PAYMENT IN FULL (registration fee waived)**

SUMMER 2010	Monday	Tuesday	Wednesday	Thursday	Friday
Week One: June 21 - June 25					
Week Two: June 28 – July 2					
Week Three: July 5 – July 9					
Week Four: July 12 – July 16					
Week Five: July 19 – July 23					
Week Six: July 26 – July 30					
Week Seven: August 2 – August 6					
Week Eight: August 9 – August 13					
Week Nine: August 16 – August 20					

Camp Fees:

Registration Fee (waived with pre-payment in full) _____ X \$25/child \$ _____

Daily enrollment: _____ X \$55/day OR _____ X \$47/day for 15 or more days \$ _____

Number of full weeks enrolled _____ X \$250/week \$ _____

Number of full weeks enrolled (3 or more weeks) _____ X \$235/week \$ _____

Discount (10%) on second child fees \$ _____

TOTAL CHARGES: _____ \$ **TOTAL**

Form of Payment: Credit Card Check

For Credit Cards - Name of Cardholder _____ (As it appears on card)

Master Card/Visa Discover Card Number: _____

Expiration Date: _____ Card ID (CCV) number: _____ (3 digit # on back)

Billing Address Zip Code: _____ (We no longer accept American Express)

Please charge my card only this ONE time for the amount of: \$ _____

Please charge my card each day/week my child is enrolled in camp. This total may change. Copies of the credit card receipts will be saved for your records.

Signature _____	Date _____
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