



Pratt Nature Center Summer Camp 2017 Registration

Complete and return this form for **each** camper to be registered.

Camper Name _____ DOB _____ Boy Girl Today's Date _____

Street Address _____ Town _____ State _____ Zip Code _____

Home phone (____) _____

Parent/Guardian #1 Same Address Y or *If Different Please Note:* _____ Relationship to child _____

Email _____ Employer _____ Daytime phone _____

Parent/Guardian #2 Same Address Y or *If Different Please Note:* _____ Relationship to child _____

Email _____ Employer _____ Daytime phone _____

Please check the program your child will be attending:

- Nature Nuts (age 4 by week attending)
- Explorers (children entering grades 1 and 2)
- Pathfinders (children entering grades 3 and 4)
- A-Team (children entering grades 5 thru 7)
- Junior Leader (children entering grades 8 and 9)

Fee for all programs is \$263/week for members; \$313/week for non-members

***Prorated for July 4th Holiday
\$210 member/\$250 non member**

Check the appropriate camp sessions your child will be attending:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Session 1: Jun 19 - Jun 23 | <input type="checkbox"/> Session 4: Jul 10 - Jul 14 | <input type="checkbox"/> Session 7: Jul 31 - Aug 4 | <input type="checkbox"/> Session 10: Aug 21- Aug 25 |
| <input type="checkbox"/> Session 2: Jun 26- Jun 30 | <input type="checkbox"/> Session 5: Jul 17 - Jul 21 | <input type="checkbox"/> Session 8: Aug 7 - Aug 11 | |
| <input type="checkbox"/> Session 3: July 3,5,6,7* | <input type="checkbox"/> Session 6: Jul 24 - Jul 28 | <input type="checkbox"/> Session 9: Aug 14 - Aug 18 | |

***Waiting List:** If the sessions you request are filled, you will be added to the Waiting List and all registration fees will be returned. You will be notified if a vacancy occurs and have the option to enroll at that time.*

Camp Fee Totals

Family Membership: \$50 for one year \$ _____

camp sessions _____ x \$ _____ per session \$ _____

I would like to make a donation to the Pratt Nature Center Scholarship Fund \$ _____

Total amount due: \$ _____

Enclosed is my payment of: \$ _____

Please charge my VISA or MC credit card \$ _____

Credit card # _____

Card holder's Name _____

Signature _____

Exp. Date _____

Minimum deposit of \$50 per session is required.
Make checks payable to The Pratt Nature Center

Required Medical Forms and Terms of Enrollment will be mailed once registration has been processed.

Note:

Financial aid may be available. Please contact the Pratt Nature Center for more information about our camp scholarship fund.

Refund and Session Change Policy

The camp fee, less deposit and membership is refundable only if cancellations are made through the office 14 days prior to the child's first day of camp. **Once registered, there will be a \$15 processing fee to change sessions.**

