



Pratt Nature Center

Summer Camp 2019 Registration - Sprouts

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:

- Option 1: Monday, Wednesday, and Friday (9 hrs/wk)
- Option 2: Tuesday and Thursday (6 hrs/wk)
- Option 3: Monday through Friday (15 hours/wk)

Fee for Sprouts (per week):

Option 1: \$117 for members / \$135 for non-members
Option 2: \$78 for members / \$90 for non-members
Option 3: \$195 for members / \$225 for non-members.
***Session 3 is Prorated for July 4th as follows:**
Option 1: \$78 members / \$90 non-members.
Option 3: \$156 for members / \$180 for non-members.

Check the appropriate camp sessions your child will be attending:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Session 1: Jun 17 - Jun 21 | <input type="checkbox"/> Session 4: Jul 8 - Jul 12 | <input type="checkbox"/> Session 7: Jul 29 - Aug 2 | <input type="checkbox"/> Session 10: Aug 19 - Aug 23 |
| <input type="checkbox"/> Session 2: Jun 24 - Jun 28 | <input type="checkbox"/> Session 5: Jul 15 - Jul 19 | <input type="checkbox"/> Session 8: Aug 5 - Aug 9 | |
| <input type="checkbox"/> Session 3: July 1,2,3,5* | <input type="checkbox"/> Session 6: Jul 22 - Jul 26 | <input type="checkbox"/> Session 9: Aug 12 - Aug 16 | |

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.**

