



Pratt Nature Center Summer Camp 2020 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)
- Rangers (children entering grades 8 and 9)

Fee for all programs is \$274/week for members; \$324/week for non-members.

***Prorated for July 4th Holiday:
\$219 member/\$259 non member**

Check the appropriate camp sessions your child will be attending:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Session 1: Jun 15 – Jun 19 | <input type="checkbox"/> Session 4: Jul 6 - Jul 10 | <input type="checkbox"/> Session 7: Jul 27 - Aug 31 | <input type="checkbox"/> Session 10: Aug 17- Aug 21 |
| <input type="checkbox"/> Session 2: Jun 22- Jun 26 | <input type="checkbox"/> Session 5: Jul 13 - Jul 17 | <input type="checkbox"/> Session 8: Aug 3- Aug 7 | |
| <input type="checkbox"/> Session 3: June 29 – July 3 | <input type="checkbox"/> Session 6: Jul 20 - Jul 24 | <input type="checkbox"/> Session 9: Aug 10 - Aug 14 | |

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

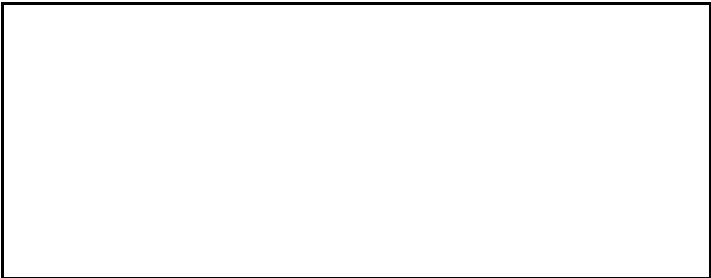
Required Medical Forms and Terms of Enrollment will be mailed once registration has been processed.

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.**



**Return all forms to: Pratt Nature Center, 163 Paper Mill Road, New Milford, CT 06776
Fax 860.355.4207 phone 860.355.3137 website: www.prattcenter.org email: info@prattcenter.org**



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