

Rec'd

Entered

Confirmation: Mail

FAX

e-mail

DB

## Registration: Winter 2011 Critter Camp

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Boy Girl

Name to appear on camp badge (may be a nickname): \_\_\_\_\_

My child would like to be in the same class as: \_\_\_\_\_

Name of school: \_\_\_\_\_

How did you hear about Critter Camp? \_\_\_\_\_

Grade (circle one): Pre-K\* K 1 2 3 4 5 (\*Children must be at least 4 years old.)

Tee Shirt Size (childrens' sizes): S M L **CAMP TIMES** Pre-K: 9am-1pm K-5: 9am-3pm

**Please circle day(s) you are attending:**

Tuesday	Wednesday	Thursday	Friday
<b>12/27</b>	<b>12/28</b>	<b>12/30</b>	<b>12/31</b>

Medical considerations: (allergies, medical conditions, physical limitations, medications, etc.)

Behavioral/special supervision needs:

Other information that would be helpful to our instructors:

### Contact Information

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Check here if you need a hard copy of your confirmation. - Otherwise it will be sent via e-mail.

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(if parents are not available)

In case of an accident or serious illness, I request that HWAC contact me. If HWAC is unable to reach me or the emergency contact, I authorize HWAC to make whatever arrangements deemed necessary. I authorize Helen Woodward Animal Center to use my child's name, photograph, and/or video image for education and public relations purposes unless box is checked below.

I DO NOT authorize use of my child's name, photograph, and/or video image.  I DO NOT wish to sign up for the Education Monthly newsletter.

Signature: \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

# of Pre-K Programs  $\left\langle \begin{array}{l} \text{daily rate } \$40.00/\text{day} \times \_\_\_\_\_ = \$ \_\_\_\_\_ \\ \text{full week } \$180.00 \times \_\_\_\_\_ = \$ \_\_\_\_\_ \end{array} \right.$

# of K - 5 Programs  $\left\langle \begin{array}{l} \text{daily rate } \$55.00/\text{day} \times \_\_\_\_\_ = \$ \_\_\_\_\_ \\ \text{full week } \$245.00 \times \_\_\_\_\_ = \$ \_\_\_\_\_ \end{array} \right.$

Extended Care (optional) \$15.00/day X \_\_\_\_\_ = \$ \_\_\_\_\_

Please circle: 8pm-9am 3pm-5pm\*

(\*pm not available for Pre-K)

Scholarship Fund Donation (optional) = \$ \_\_\_\_\_

**TOTAL = \$** \_\_\_\_\_

### Payment Method:

Check payable to HWAC enclosed # \_\_\_\_\_  Cash

**OR**

Visa  MasterCard  AmExpress  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Cardholder Signature

**RETURN to:** Education Dept., Critter Camp, PO Box 64, Rancho Santa Fe, CA 92067 **OR FAX to:** (858) 756-3954.

All cancellations are subject to a \$25.00 processing fee. All fees must be paid at time of registration.  
We reserve the right to dismiss campers from the program if deemed necessary.