

Rec'd

Entered

Accounting

Confirmation: Mail

Fax

E-mail

Registration: February 2012 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: Monday 2/20 Tuesday 2/21 Wednesday 2/22 Thursday 2/23 Friday 2/24

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 _____

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(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 daily rate \$40.00/day X _____ = \$ _____
 full week \$180.00 X _____ = \$ _____

of K - 5 Programs daily rate \$55.00/day X _____ = \$ _____
 full week \$245.00 X _____ = \$ _____

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

Please circle: 8am-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.