



# 2017 Summer Camp Registration Form

7191 Wagner Way, Gig Harbor, WA 98335

School Phone: 253-514-6338 ext. 2 or GGHF Main Office Phone: 253-514-6338

Website: [www.gigharborfoundation.org/camps](http://www.gigharborfoundation.org/camps)

Email: [curiousbynature@gigharborfoundation.org](mailto:curiousbynature@gigharborfoundation.org)

Please return forms with payment to the above address. Checks should be payable to GGHF Curious by Nature School. If you are registering more than one camper, please use a separate form for each child.

**CAMPER INFORMATION**

Child's Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  Female  Male

Date of Birth: \_\_\_\_\_ Age on First Day of Camp: \_\_\_\_\_ (must be between ages 2.5 and 10 on first day of camp)

Current school/daycare (if any): \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

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

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

Phone 1: \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email: \_\_\_\_\_

**CAMP REGISTRATION:**

Please circle how you heard about our Summer Camp Program (check all that apply):

School  Web Site  Newspaper  Flyer/Ad  Community Event  Word of Mouth  Other: \_\_\_\_\_

*Camp Details:* Camps run Monday-Thursday, 9:00 AM to 1:00 PM or 9:00 AM to 4:00 PM. Campers must bring sack lunch and water bottle daily. Maximum campers per week is 25; minimum is 6. *Registrations are accepted on a first-come, first-serve basis.*

**\*PAYMENT DETAILS:**

- \$125.00 per 9 AM-1 PM session, or \$195.00 per 9 AM-4 PM session.

**Full payment is due at registration.**

- **Discounts:** Full summer: 10%  
Multi-child: 10%
- We accept check, cash, or credit/debit cards (+2.75% card processing fee).

**Cancellation Policy:** Cancellations made at least 14 days before camp start date receive full refund minus a \$25 cancellation fee/camp. Cancellations made less than 14 days before camp start date receive a 50% refund/camp. Inside of 7 days, no refund will be given unless the camp is cancelled.

Week	Dates	Theme		Fee
1	Jun. 26-29	Voyage to Atlantis	<input type="checkbox"/>	
2	Jul. 10-13	Journey to the Center of the Earth	<input type="checkbox"/>	
3	Jul. 17-20	Medieval Times	<input type="checkbox"/>	
4	Jul. 24-27	Ice Age	<input type="checkbox"/>	
5	Jul. 31-Aug.3	To the Moon and Beyond	<input type="checkbox"/>	
6	Aug. 7-10	Ancient Greece	<input type="checkbox"/>	
<b>Subtotal</b>				
<b>Additional discount/fees*</b>				
<b>TOTAL DUE</b>			<b>\$</b>	

Payment method:  Cash  Check (list check #) \_\_\_\_\_  
 Visa  MasterCard  Discover  Am Ex

Credit card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Office use only:** Date Received: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please tell us in full about any medical/health, developmental or behavioral conditions, or any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary.

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Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (e.g. EpiPen, bee sting kit, or inhaler, etc.), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the summer camp office prior to your child's attendance. Kits are returned if unused.

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Please describe your child's toileting needs, if any. \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Permission & Liability Waiver:**

My child, \_\_\_\_\_, has permission to fully participate in GGHF Curious by Nature School's 2017 summer camp activities. I, as parent/legal guardian, do hereby grant the GGHF CBNS staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless GGHF Curious by Nature School and its agents from liability resulting from an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making an attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that GGHF CBNS and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child in GGHF CBNS's Summer Camp Program constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be completed before my child may attend camp.

I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Publicity Release Form** (optional): I authorize GGHF Curious by Nature School to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with GGHF CBNS. I understand that my child's name will not be published with an image.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_