

~ PRATT NATURE CENTER ~ SUMMER CAMP 2010 REGISTRATION

Complete and return this form for **each** camper to be registered. Forms may be copied.

Camper Name _____ Date of Birth _____ Boy Girl Today's Date _____

Street Address _____ Child lives with both parents: yes no

Town _____ State _____ Zip Code _____ Home phone _____

Parent/Guardian #1 _____ Relationship to child: mother father other _____

Email: _____ Employer: _____ Day-time phone number: _____

Parent/Guardian #2 _____ Relationship to child: mother father other _____

Email: _____ Employer: _____ Day-time phone number: _____

Please check the program your child will be attending

- _____ Nature Nuts Fee: (age 4 by June 1 ~ \$220/week for members; \$270/week for non-members)
- _____ Explorers Fee: (children entering grades 1 and 2 ~ \$220/week for members; \$270/week for non-members)
- _____ Pathfinders Fee: (children entering grades 3 and 4 ~ \$220/week for members; \$270/week for non-members)
- _____ A-Team 1 Fee: (children entering grades 5-6 ~ \$220/week for members; \$270/week for non-members)
- _____ Junior Naturalist Fee: (children entering grades 7-9 ~ \$220/week for members; \$270/week for non-members)

Check the appropriate camp sessions) your child will be attending:

- _____ Session I: June 14-June 18
- _____ Session IV: July 6-9
- _____ Session VII: July 26-30
- _____ Session X: August 16-20
- _____ Session II: June 21-June 25
- _____ Session V: July 12-July 16
- _____ Session VIII: August 2-6
- _____ Session III: June 28-July 2
- _____ Session VI: July 19-23
- _____ Session IX: August 9-August 13

Waiting List: If the sessions you request are filled, you will be added to the Wait 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 a one year \$ _____

#camp sessions _____ X \$ _____ per session \$ _____

I would like to make a donation of : \$ _____
to The Pratt Nature Center Camp Scholarship Fund

Total amount due: \$ _____

Enclosed is my payment of: \$ _____

Please charge \$ _____ to my credit card (VISA or MC only)

Credit card#: _____

Card holder's Name: _____

signature: _____

Exp. Date: _____

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

Minimum deposit of \$50 per session required.
Make checks payable to The Pratt Nature Center.

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 cancellation is 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.**

For Office Use: date rec'd ___/___/___ Check # _____

date pkt sent ___/___/___

Total of all camp fees: \$ _____

Amount paid: \$ _____

Balance of camp fees due: \$ _____

Credit card confirmation #: _____

On grid _____ GiftWorks _____

Return all forms to: Pratt Nature Center, 163 Papermill Road, New Milford, CT 06776
Fax (860) 355-4207 phone: (860) 355-3137 website: www.prattcenter.org email: sh.prattcenter@gmail.com