SUMMER NATURE CAMP 2017 REGISTRATION

GRADES K-5

All sessions include a snack, as well as outdoor exploration, games, crafts, projects and more. Students can be dropped off late or picked up early based on your schedule—with prior approval. Please contact Torey Fry with any questions at tfry@devriesnc.org or 989-723-3365

Student: _____Male____Female____Date of Birth _____Age _____Grade _____

Parent or Guardian #1 _____ Parent or Guardian #2 _____

Address _____ City _____ State _____ Zip Code_____

Phone-Cell _____ Phone-Work_____ Phone-Other_____

Email Address_____

Please circle the sessions your child will attend this summer:

Wilderness Explorers			
Tuesday 7/11	Wednesday 7/12	Thursday 7/13	Friday 7/14
9:00-1:00/Half Day	9:00-1:00/Half Day	9:00-1:00/Half Day	9:00-1:00/Half Day
9:00-5:00/Full Day	9:00-5:00/Full Day	9:00-5:00/Full Day	9:00-5:00/Full Day

Farming Fun			
Tuesday 7/25	Wednesday 7/26	Thursday 7/27	Friday 7/28
9:00-1:00/Half Day	9:00-1:00/Half Day	9:00-1:00/Half Day	9:00-1:00/Half Day
9:00-5:00/Full Day	9:00-5:00/Full Day	9:00-5:00/Full Day	9:00-5:00/Full Day

End of Summer Celebration!
Tuesday 8/22
9:00-1:00/Half Day
9:00-5:00/Full Day

DeVries Members:
# of half days:___ x $12 = $_____
# of full days: ___ x $20 = $_____
Grand total = $_____

DeVries Non-Members:
# of half days:___ x $15 = $_____
# of full days: ___ x $25 = $_____
Grand total = $_____

Full payment is required the Friday before the program.

Checks can be made out to DeVries Nature Conservancy:

P.O. Box 608
Owosso, MI 48867

No refunds given after payment deadline. Health/Permission slip form must accompany this form.

Parent Signature: _____ Date:_____

MEDIA PERMISSION SLIP

Student Name: _____

I give permission and consent for _____ to allow photographs to be taken during DeVries Nature Conservancy activities. I further give permission and consent that any such photographs my be published and used by DeVries Nature Conservancy to illustrate and promote its programs.

Signed (Parent or Guardian): _____

HEALTH HISTORY FORM

Allergies: (list all known)

Medication: _____

Food: _____

Other (insect stings, asthma, animals, grass, etc.): _____

_____

Has your child:

Had a recent injury of illness? ___ No ___ Yes _____

Chronic illness/condition? ___ No ___ Yes _____

Have skin problems? ___ No ___ Yes _____

Wear glasses or contacts? ___ No ___Yes _____

Have seizures? ___ No ___Yes _____

Have diabetes? ___ No ___Yes _____

Other? _____

Medications Needed:

Medication	Dosage	Hours Given	Reason

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the education staff deem it necessary, or I have provided them. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise:

Benadryl	Cough drops	Tums	Pepto Bismol
Hydrocortisone cream	Eye drops	Aloe Cream	Caladryl lotion

I certify that my child is healthy, with up-to-date immunizations.

Parent or Guardian signature: _____Date:_____

devriesnature.org **989.723.3365** **info@devriesnc.org** **2635 N. M52 Owosso, MI 48867**