PRE-K SUMMER CAMP REGISTRATION

Print Form

* Please use a separate registration form for each child.
* For more information about camp programs, contact the Education Secretary at 575-8684 ext. 126.

A. Child's Name _____ Nickname _____

Birth Date _____ Member: ☐ Yes ☐ No

B. Parent/Guardian _____

Home Phone _____ Work Phone _____ Other_____

HomeAddress _____ City_____ State _____Zip_____

C. Emergency Contact _____ Relationship_____

Home Phone _____ Work Phone _____ Other_____

Email Address_____

D. Physician _____ Phone _____

Explain any medical problems, allergies, handicaps, etc:

_____

_____

Is your child on any medications? If so, please explain: _____

_____

There is a $30 non-refundable deposit for each summer camp session which is subtracted from the total cost of that camp. Remaining balance due 14 days prior to camp start date. There is no charge to be kept on a waiting list. PLEASE inform us if you need to cancel a reservation so that others may take advantage of our programs. <u>If you transfer a child from one camp to another, you will be charged a $20 transfer fee.</u> Extended care: full day camps are $30 per camp/child and half day camps are $15 per camp/child. Off Grounds pick up/drop off is $65 per camp per child. Camp fees are nonrefundable 10 days prior to camp start date.

Camp #	Title	Dates	Camp Fee	Off Grounds Pick Up Fee	Extended Care Fee	Sub-Total
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
Send To:	Summer Camp C/O Tallahassee Museum 3945 Museum Dr Tallahassee, FL 32310				Subtotal	$
					Deposit	$
					Balance Due	$

If Paying By Credit:

Credit Card # _____ **Exp** _____

IMPORTANTANT! The following section must be filled out IN FULL for us to process your request.

I, _____, hereby authorize my child, _____, to participate in activities sponsored by the Tallahassee Museum, which may include, but are not limited to, field trips, tours, swimming, and travel from the premises in Museum vehicles. In case of an accident requiring medical treatment, I authorize treatment for my child as the attending medical personnel deem appropriate. I also agree not to hold the Tallahassee Museum responsible for injuries suffered by my child during activities sponsored by it.

Parent/Guardian Signature _____ Date _____