TALLAHASSEE MUSEUM SUMMER CAMP REGISTRATION

* For more information about camp programs, contact the Education Secretary at 575-8684 ext. 126.
* Please use a separate registration form for each child.
* All grade levels indicate GRADE COMPLETED by June 6, 2011.

A. Child's Name _____ Nickname _____

Grade Completed _____ Birth Date _____ Museum Member: ☐ Yes ☐ No

B. Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Other _____

Home Address _____ City _____ State _____Zip _____

Email Address _____

C. Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Other _____

D. Physician Name_____ Phone _____

Explain any medical problems, allergies, handicaps, disabilities, etc:

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

E. During swimming activities children are closely supervised at all times and will be required to stay with a "buddy". Please rate your child's swimming ability. (Not applicable for half day or full day PreK5 and K-1 camps).

☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Advanced

Extended Care: Full day camps are $30 per camp/child and Half day camps are $15 per camp/child (7:45-9:00am only).

Off Grounds Pick up/Drop off: $65 per camp/ child.

Refunds: Camp fees are non-refundable 10 days prior to camp start date.

Camp #	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	Fax: 850-574-8243		Subtotal	$
				Deposit	$
				Balance Due	$

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There is a $30 non-refundable deposit for each summer camp session, which will be subtracted from the total cost of that camp. Remaining balance due 14 days prior to camp start date. Camp fees are non-fundable 10 days prior to camp starting date – No Exceptions. There is no charge to be on a waiting list. PLEASE inform us if you need to cancel a reservation so that others may take advantage of our programs. If you transfer a child from one camp to another, there will be a $20 transfer fee assessed.

If Paying By Credit:

Credit Card # _____ Exp _____

IMPORTANT! The following section must be filled out in full and signed for us to process your registration.

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 _____