Camp Registration Form

Camper Information

Child 1: ______________________________ Date of birth: __________ Age:_______ Gender: ____
Allergies, Medications, Conditions: ______________________________________________________
Dietary Restrictions: ______________________________________________________________________

Child 2: ______________________________ Date of birth: __________ Age:_______ Gender: ____
Allergies, Medications, Conditions: ______________________________________________________
Dietary Restrictions: ______________________________________________________________________

Child 3: ______________________________ Date of birth: __________ Age:_______ Gender: ____
Allergies, Medications, Conditions: ______________________________________________________
Dietary Restrictions: ______________________________________________________________________

Parent Information

Parent 1: ______________________________
Parent 1 phone: (___)_______________ Parent 1 Email: ______________________________

Parent 2: ______________________________
Parent 2 phone: (___)_______________ Parent 2 Email: ______________________________

Address:
Street: ______________________________
____________________________________
City: ______________ State: _____ Zip: ___________

Submit your form by mail to:
Camp Title: ________________________________ Dates: _____________ Cost: $________
   For child: __________________________________________
Camp Title: ________________________________ Dates: _____________ Cost: $________
   For child: __________________________________________
Camp Title: ________________________________ Dates: _____________ Cost: $________
   For child: __________________________________________
Camp Title: ________________________________ Dates: _____________ Cost: $________
   For child: __________________________________________
Camp Title: ________________________________ Dates: _____________ Cost: $________
   For child: __________________________________________

+ Add a membership + $________
I am a Member: Yes  No

Minus Scholarship OR Member Discount (10%)** - $________
**Member camp discounts may NOT be combined with camp scholarships
Total due with registration = $________

Method of payment:
• Cash/Check (Please make checks payable to The Works)
• Visa/Master Card/Amex/Discover
   o Name on Card: __________________________________________
   o Card Number: __________________________________________
   o Expiration date: ___________  CVV code: ________

Become a member today and take 10% off the price of camp!
Add a Family Membership for $80; for other membership options, visit the Membership page on our website: www.theworks.org.

Submit your form by mail to:
The Works Camp Policies:

• PARTICIPANT BEHAVIOR:
  o The Works Museum makes the safety and enjoyment of all campers a top priority.
  o If the safety of staff, campers, or property is at risk, the camper will be removed from class immediately and sent home.
  o If a behavior issue occurs, educators will redirect campers.
  o If the behavior continues, campers will be removed from the classroom and parents will be called. Education staff, parent, and camper will work together to problem-solve the situation and create a behavior plan for the camper so s/he can return to camp.
  o If behavior issues continue, the camper will be removed from class and sent home for the day.
  o If it is determined that a resolution cannot be met, The Works reserves the right to remove a child from camp. No refund will be issued under these circumstances.

• HOSPITALIZATION: I give permission for my child to be transported to the nearest medical facility if emergency medical attention is needed.

• AGE-EXCEPTION POLICY:
  o No age exceptions will be made for Pre-K camps. Campers must be entering a Kindergarten program in September.
  o Campers MUST BE IN OR HAVE COMPLETED Kindergarten by the camp start date to register for camps in the 6-8 year old section.
  o If a camper will turn 9 years old within 3 months of the camp start date, they may register for a camp in the 9-11 year old section. If the child is younger than this and the parent wishes to register them for a camp in the 9-11 year old section, the parent must provide a letter:
    ▪ From a teacher or adult mentor who has worked with their child
    ▪ On school letterhead
    ▪ Addressing the child’s ability to work with older children in terms of their social/emotional, fine-motor and cognitive skills.
    ▪ The child will be registered for one camp outside of the age range; our staff and the parents will communicate about the child’s ability to continue to take future programs with age exception.

• PHOTOGRAPHS: Registration for camp implies permission to use photographs of students for promotional purposes only. Children will not be identified by name.
  □ Please check here if you do NOT give permission for photographs to be used for promotion.

• CANCELLATION POLICY:
  o Cancellation 30 or more days before camp start date: 50% of camp fee will be refunded OR you can receive a voucher for the full amount to be used for future camps.
  o Cancellation 14-29 days before camp start date: You will receive a voucher for the full amount.
  o Cancellation 13 or fewer days before camp start date: No refunds or vouchers will be issued.

I agree to the above policies.

Signature ____________________________ Date ______________

Comments (use back of form as needed):

Office Use Only: Date Form Received: __________ Date Confirmation Sent: __________

Submit your form by mail to: