



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:
The Works Museum, Attn: Camp, 9740 Grand Ave S, Bloomington MN 55420.**



Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

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For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

Camp Title: _____ Dates: _____ Cost: \$ _____

For child: _____

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.

+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
 - Name on Card: _____
 - Card Number: _____
 - Expiration date: _____ CVV code: _____

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The Works Camp Policies:

- **PARTICIPANT BEHAVIOR:**
 - The Works Museum makes the safety and enjoyment of all campers a top priority.
 - If the safety of staff, campers, or property is at risk, the camper will be removed from class immediately and sent home.
 - If a behavior issue occurs, educators will redirect campers.
 - 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.
 - If behavior issues continue, the camper will be removed from class and sent home for the day.
 - 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:**
 - No age exceptions will be made for Pre-K camps. Campers must be entering a Kindergarten program in September.
 - Campers **MUST BE IN OR HAVE COMPLETED** Kindergarten by the camp start date to register for camps in the 6-8 year old section.
 - 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:**
 - 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.
 - Cancellation 14-29 days before camp start date: You will receive a voucher for the full amount.
 - 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: _____

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