

Summer Day Camp Registration

Date: _____

Camper's name: _____

Birth Date: __/__/__ Age: __ Gender: __M__F

School Attending: _____ Current Grade: _____

Parent/Guardian: _____

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (cell) _____

Email: _____

How did you hear about PWC? _____

Enrollment Information

Session #/Dates	Age group	✓ if new camper	Fee*
Session 1 (June 14-18)			\$200/\$225
Session 2 (June 21-25)			\$200/\$225
Session 3 (June 28-July 2)			\$200/\$225
Session 4 (July 5-9)			\$200/\$225
Session 5 (July 12-16)			\$200/\$225, \$250/\$275 teen
Session 6 (July 19-23)			\$200/\$225
Session 7 (July 26-30)			\$200/\$225, \$250/\$275 teen
Session 8 (August 2-6)			\$200/\$225
Session 9 (August 9-13)			\$200/\$225
Session 10 (August 16-20)			\$200/\$225

* Fee is \$200 or \$250 for members, \$225 or \$275 for non-members – you may pay member dues at time of registration

Early Bird Discount: \$10 off per child, per session before May 15th Session Subtotal: _____

Early Bird Discount: _____

Extended Day Fee: _____

*Member Dues (optional): **\$35** _____

TOTAL DUE: _____

* Dues are paid once per family, per year – renewed same time each year.

EXTENDED DAY: Please circle sessions and indicate # of weeks:

8:00 am drop off: session #s 1 2 3 4 5 6 7 8 9 10
= _____ weeks x \$20 = \$ _____

4:00 pm pick up: session #s 1 2 3 4 5 6 7 8 9 10
= _____ weeks x \$20 = \$ _____

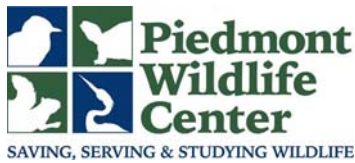
5:30 pm pick up: session #s 1 2 3 4 5 6 7 8 9 10
= _____ weeks x \$45 = \$ _____

8:00 am -5:30 pm session #s 1 2 3 4 5 6 7 8 9 10
= _____ weeks x \$65 = \$ _____

Make checks payable to: *Piedmont Wildlife Center*

A nonprofit organization providing essential resources that ensure the health and welfare of native wildlife
364 Leigh Farm Road, Durham, NC 27707 • (919) 489-0900 • Fax: (919) 493-0988
www.piedmontwildlifecenter.org • camp@piedmontwildlifecenter.org

Office Use Only
Rec'd __/__/10
Check # _____
Amount _____



Permission and Emergency Contact Information

Camper's Name: _____

Permission and Liability Waiver: The camper, named above, has permission to fully participate in all **Piedmont Wildlife Center (PWC) Day Camp** activities during the camp session. I, as parent or legal guardian, do hereby grant **PWC** staff the right to authorize emergency medical treatment for the camper named above in the event that I, or my designated representative, cannot be reached. I agree to hold harmless **PWC** and its agents from liability arising out of an accident. The NC Good Samaritan Law will apply.

Signature: _____ Relationship to child: _____ Date: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Email: _____@_____
Phone: (H) _____ (W) _____ (cell) _____
Address: (if different from registration form) _____

Parent/Guardian Name: _____ Email: _____@_____
Phone: (H) _____ (W) _____ (cell) _____
Address: (if different from registration form) _____

Name of relative or friend in the event parents/guardians can't be reached: (Please complete this section)

Name: _____
Phone: (H) _____ (W) _____ (cell) _____

Significant Medical Information:

Health Insurance Co: _____ Policy#: _____ Insured Name: _____
Please note any special needs that we should know about your child (i.e.: allergies, physical or emotional disabilities, etc.)
(Add sheet if needed)

If your child needs medication during the day and you would like Piedmont Wildlife Center staff to provide any of these medications, please sign below to authorize us to do so. I give permission to provide to my child:

Medication: _____ Dosage & time: _____

Signature: _____

Publicity Release: I give permission to Piedmont Wildlife Center to use my child's photo and/or quotes for public relations purposes.

Signature: _____ Date: _____