



**Baltimore Woods
Nature Center**
Nature in your hands

Muddy Mud Week Camp!

April 9—13

Registration Form (Children ages 5-12)

Please register early to insure your child's spot.

Camp Hours from 9am to 4 pm*

To register for camp, you must have a current BWNC membership at the family level or above.

- BWNC Family Membership: \$40 (if not currently a Family member)
- Registration Fee: \$40/child/day, or \$175/child for all five days. Please pay when registering.
- You must complete and return a **Medical Health Form—dated in 2012** (available on web site)
- Confirmation Notices will be emailed. If you do not provide an email address you may call 673-1350 if you'd like to confirm registration.

Childs Name _____

Parents Name _____ email _____

Child's Date of Birth _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Day Phone _____ Cell # _____

Parent/Gaurdian Name _____ Day Phone _____ Cell # _____

Registration Fee: \$40/child/day, or \$175/child for all 5 days. Please check each day your child will be in attendance, and include payment with registration.

***Early care available from 8 to 9am, After care available from 4 to 5pm. Additional cost \$10/day/child**

April 9—13:	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
*Early Care	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
*After Care	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>

Your child should bring: a backpack, lunch, water bottle (snacks will be provided by BWNC), and have clothes for the outdoors. Old sneakers recommended!

Mail registration with checks payable to:
BWNC, Inc.
P.O. Box 133
Marcellus, NY 13108

Nature Camp is located at:
BWNC, Inc.
4007 Bishop Hill Road
Marcellus, NY 13108

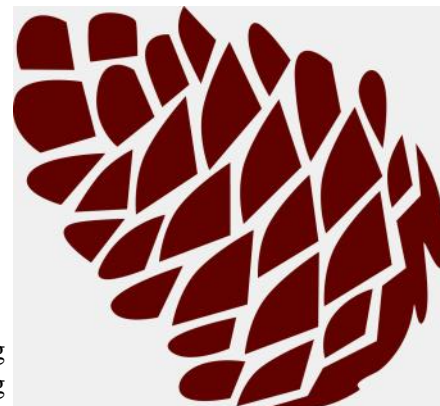
Or Fax to: 315 673-3671

Phone: 315 673-1350

I hereby consent to the use of any camp photographs taken of my child/dependent by Baltimore Woods Nature Center, Inc. (BWNC) or its representatives, to be used for educational, editorial and/or BWNC promotional uses only.

Signature of Parent or Guardian _____

Visit our website: www.baltimorewoods.org
E-Mail: Camp@baltimorewoods.org



2012 PROGRAM MEDICAL FORM

This form is valid within the 2012 calendar year.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone (Daytime) _____ Home _____

OR

Parent Guardian Name _____ Phone (Daytime) _____ Home _____

If not available in an emergency, please notify:

Name/Relationship _____ Emergency Telephone _____

IMPORTANT: Please notify the office at Baltimore Woods if your child is exposed to any communicable disease during the two weeks prior to program attendance.

PARENTS AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to engage in all activities at Baltimore Woods except those noted below.

In the event I cannot be reached in an emergency at the above numbers, I hereby give permission to the physician selected by the BW Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature _____ Date _____

NOTE: It is very important that the following information is ACCURATE and updated.

HEALTH HISTORY: (Check and/or give approximate dates)

Ear Infection _____	ALLERGIES:	DISEASES:
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Ivy Poisonings _____	Measles _____
Diabetes _____	Bee Stings _____	German Measles _____
Behavior _____	Penicillin _____	Mumps _____
	Other Drugs _____	Asthma _____

Operations or Serious Injuries (Dates) _____

Chronic or Recurring Illness _____

Other Diseases or Details of Above _____

Any Specific Activities to be Encouraged _____

Restricted _____

Physician's Name and Telephone Number _____

IMMUNIZATION HISTORY:

Please give month and year when immunized or the disease was contracted. Parent or guardian must fill in the dates below. NYS Liability Coverage does not allow BWNC to contact the doctor directly for this information.

	1 st	2 nd	3 rd	4 th	5 th
DTap					
dT/Tap					
OPV/IPV/eIP					
MMR					
Hepatitis B					
Varicella					
Hib					
Pneumococcal					
Other					

Note: This BWNC Summer Camp Program is licensed, as required by the NYS Dept. of Health. The program will be inspected twice this summer and inspection reports will be on file at :Onondaga County Health Dept. 421 Montgomery St, 12th FL, Syracuse, NY 13202