



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

January Camp!

January 18th, 2010

Registration Form (Children ages 5-12)

Please register early to insure your child's spot.

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. Please pay when registering.
- You must complete and return a **Medical Health Form – dated in 2010**(enclosed or available on web site)
- No Confirmation Notice will be sent out. Call 673-1350 if you'd like to confirm registration

Child's Name _____

Parents Name _____ e-mail _____

Child's Date of Birth _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Day Phone _____ Cell # _____

Parent/Guardian Name _____ Day Phone _____ Cell # _____

Camp Hours: 9am to 4pm*

Registration Fee: \$40/child. Please include payment with registration.

Monday, January 18th

***Extended Daycare hours available from 8-9am and 4-5:00pm.**

Cost: \$10/day (for early care and/or aftercare)

My child needs Earlycare (8-9am)

My child needs Aftercare (4-5pm)

Your child should bring: A lunch (snacks will be provided by BWNC) and a water bottle. Your child should have clothes for the outdoors, including extra socks. Old sneakers, warm hat and gloves (2 pair), snow pants, and a winter jacket are recommended.

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

X

Signature of Parent or Guardian

Make checks payable to: BWNC, Inc.

**Nature Camp is located at: 4007 Bishop Hill Rd.
Marcellus, NY 13108**

**Mail registration to: P.O. Box 133
Marcellus, NY 13108
(315) 673-1350
FAX: 673-3671**

*Visit our website: www.baltimorewoods.org
E-Mail: tom@balitmorewoods.org*

2010 PROGRAM MEDICAL FORM

This form is valid within the 2010 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 _____

IMMUNIZATON 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