



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

Teen Summer Nature Day Camp

Registration Information

To register your child for summer camp at Baltimore Woods this summer **you must have a current BWNC Membership** at the Family level or above. In addition, please complete the following forms:

- Registration Form
- 2011 Program Medical Form
- Parental Release Form
- Membership Application (if new/renewing member)

Registration Fee:

Early Registration – Register by Sunday, May 15, 2011 and deduct \$10 from the total camp registration fee. Applications must be postmarked by May 15 to receive this discount.

Multiple Week/Child Discount – Receive a \$5 discount if you register for multiple weeks and/or if you have multiple children enrolled in camp. See the chart below for exact pricing.

Camp Scholarships may be available to a limited number of qualified individuals. For more information on scholarships, please call (315) 673-1350.

	Single Child Enrollment	Multiple Child Enrollment
1 Week Only	\$140/child	\$135/child
Multiple Weeks	\$135/child/week	\$130/child/week
Before Care 8:00am-10:00am	Add \$25 per week	
After Care 3:00pm-5:00pm	Add \$25 per week	

How to Register:

All forms can be found online at www.baltimorewoods.org. They can also be picked up at the Interpretive Center at Baltimore Woods in Marcellus.

- a) **Mail your registration** – payment **MUST** accompany your registration. Acceptable forms of payment by mail are check, money order, credit card (MasterCard and Visa). Please make checks payable to Baltimore Woods. Mail completed forms and fees to:

BWNC-Camp
PO Box 133
Marcellus, NY 13108

- b) **Fax** your completed registration forms with credit card payment to (315)673-3671
c) **Visit** the Interpretive Center at Baltimore Woods during regular business hours to register in person. Hours are: Monday – Friday 9am-4pm, and Saturday 10am-4pm.

Camper Grouping Policy – There is only one group per session of Teen Camp, campers registered for Teen Camp cannot switch to the traditional day camp (5-12 yrs old), nor can campers from the traditional camp participate in the Teen Camp. This camp is specifically designed for teens ages 13-14.

Please print clearly on all forms. Only completed forms are accepted. Your child is considered registered for Summer Nature Day Camp once you have received a written confirmation letter from BWNC. Once BWNC has received your completed registration packet, and payment for camp, a confirmation letter will be sent out within 2 weeks.

To provide the best possible experience for each individual camper, group size is limited. Register early to reserve your child's spot!

Late Registration: Registration must be received at least 14 days prior to the first day of the camp week your child will be attending. Registrations received after that deadline will receive a late processing fee of \$10.00.

Session Swapping: There will be a \$10 administrative fee for switching sessions once your registration is complete. Session Swapping is not allowed within 14 days of the session in which your child is originally registered.

Cancellation Policy: Requests for cancelling registrations must be made before the first day of Summer Nature Day Camp (July 12, 2010) to receive a refund. All refunds will be assessed a \$30 non-refundable deposit. After the first day of camp, refunds will only be given for documented medical or family emergencies.



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TEEN CAMP

Summer Nature Day Camp (13-14 Year Olds)

2011 REGISTRATION FORM

OFFICE USE	DR
MM	QB
MD	DP
CS	AC
TM	
Confirmation:	

Please complete the following form, include payment, and register by:

1. Fax: (315) 673-3671 OR 2. Mail: BWNC – Camp, PO Box 133, Marcellus, NY 13108 (credit card only) (check, money order, or credit card)
OR 3. In Person: Visit us at Baltimore Woods (cash, check, money order, or credit card)

Camper's Name <i>First and Last</i>	(Circle) M F	Age <i>July 1, 2011</i>	Grade <i>In Fall 2011</i>
Weeks Attending Camp <i>Please check the dates attending camp</i>			
Week #3 – July 25-29	<input type="checkbox"/>	WaterWorlds – Aquatic Ecology	Before Care <input type="checkbox"/> After Care <input type="checkbox"/>
Week #4 – Aug 1-5	<input type="checkbox"/>	OAMT! – Modern Outdoor Skills	Before Care <input type="checkbox"/> After Care <input type="checkbox"/>
Week #5 – Aug 8-12	<input type="checkbox"/>	Teen vs. Wild – Primitive Outdoor Skills	Before Care <input type="checkbox"/> After Care <input type="checkbox"/>
Week #6 – Aug 15-19	<input type="checkbox"/>	Teen vs. Wild 2 – Advanced Primitive Skills	Before Care <input type="checkbox"/> After Care <input type="checkbox"/>

Contact Information

Parent/Guardian Name: (First) _____ (Last) _____
 Mailing Address: (Street/Apt) _____
 (City) _____ (State) _____ (Zip) _____
 Phone Number: (Day) _____ (Cell) _____ E-mail _____
 Name of individual(s) authorized to pick up child: _____

Emergency Contact Information (If parent/guardian cannot be reached):

Emergency Contact (First) _____ (Last) _____
 Relationship: _____
 Phone Number: (Day) _____ (Cell) _____

CAMP FEES

_____ Current Family (or higher) Member _____ New/Renew-member (please attach membership form/fee with registration)

Weekly Camp Fees (please refer to the table below for the appropriate camp fee)

	Single Child Enrollment	Multiple Child Enrollment
1 Week Only	\$140/child	\$135/child
Multiple Weeks	\$135/child/week	\$130/child/week

of Children X # of weeks X Camp Fee = (a)

Before and After Care

Before Care (8-10am) # of children _____ X # of weeks _____ X \$25 per week = _____ (b)
 After Care (3-5pm) # of children _____ X # of weeks _____ X \$25 per week = _____ (c)

TOTAL (a + b + c) = _____

Discounts and Late Fees

Early Registration Discount (registrations must be postmarked by April 30, 2010) - \$10 = _____
 Late Registration Fee (postmarked within 14 days of your child's 1st week) + \$10 = _____

FINAL TOTAL

Payment

Personal Check # _____

Please make payable to BWNC, Inc.

(Circle) Visa MasterCard

Card Number

- - -

Exp Date

CVV

Signature

2011 PROGRAM MEDICAL FORM

This form is valid within the 2011 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



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Parental Release Form

Summer Nature Day Camp at Baltimore Woods Nature Center

THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED

Camp begins promptly at 10:00am each day, and dismisses at 3:00pm. I understand that it is my sole responsibility for my child to arrive on time, and be picked up each afternoon. I understand that my child can only be picked up by a parent/guardian, or the designee(s) indicated on the registration form.

If I enrolled my child in the extended care programs, I understand that Before Care begins at 8:00am, and After Care ends promptly at 5:00pm. I understand that a late fee of \$5 for every 15 minutes I am late in picking up my child after 5:00pm will be charged. Before and After Care programs are limited to 12 campers, and BWNC reserves the right to cancel extended care if a minimum number or participants is not reached for that session. BWNC will notify parents one week before the session begins if extended hours care is cancelled.

I understand that BWNC will make every attempt to provide reasonable accommodations for mentally and physically challenged children. However, the camp will not tolerate behavior from a child that (1) poses a danger to him/herself, (2) poses a danger to other campers, or (3) is a repetitive disruption of normal activities making it unreasonably difficult for other children to enjoy the camp program. Any of the above reasons will be grounds for dismissal from camp. The decision to remove a child from the camp program, whether for the day or the rest of the camp, will be based on the discretion of the Camp Director.

If I do not have a current BWNC Family Membership (or higher level), I have completed the membership form and enclosed the annual membership fee.

I hereby give permission for my child(ren) _____, to participate in the Summer Nature Day Camp at Baltimore Woods. I agree to assume all risks connected therewith. I agree to release and discharge in advance Baltimore Woods Nature Center (BWNC), its employees, and volunteers from any and all liability for personal injury, death, or property damage connected with my child's participation in the summer camp program.

By checking this box, I authorize BWNC to take and use photographs of the minor(s) listed above, of whom I am a legal parent/guardian, for the purposes of its public relations and advertising activities. I understand that I will receive no compensation for such use.

By checking this box, I DO NOT authorize BWNC to take and use photographs of my child for the terms and conditions stated above. I do understand that BWNC is not responsible for photographs taken for personal purposes by other campers, staff, and volunteers at Summer Nature Day Camp.

Signature _____ Date _____



Baltimore Woods Nature Center
Member Benefits

- Subscription to *The Overlook*, BWNC's newsletter
- Program fees waived or discounted, depending on the specific program
- Discounts at over 150 nature centers across the United States and Canada
- Reduced rental rate for the John A. Weeks Interpretive Center
- Summer Camp and School Break Adventure Camp (at the Family level or higher)
- Interact with BWNC on *Facebook.com*
- Members Only Plant Sale Special Date
- Members Only Art Exhibition in the Gallery
- Free use of modern snowshoes while at Baltimore Woods
- Voting rights at the BWNC Annual Meeting
- The opportunity to be involved in the growth and development of an important educational effort
- Helping to preserve our valuable and beautiful environment for now and for the future



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12-Month Membership Level

- \$15 Student/Senior (*over 60*)
- \$25 Individual
- \$40 Family
- \$75 Sustaining
- \$100 Patron
- \$250 Benefactor
- \$500 Philanthropist
- \$1,000 Life
- Donation Amount

(in addition to membership)

Payment method: Check (*payable to Baltimore Woods Nature Center*) Charge Cash

Visa Mastercard

Card number _____ Expiration Date _____ Signature _____

Membership Application

please return this form to:

4007 Bishop Hill Road • P.O. Box 133 • Marcellus, NY 13108

Renewal New Referred by: _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Yes! I would like to volunteer at Baltimore Woods. Please contact me.

Yes! I'll opt out of receiving the newsletter by postal mail.
(You will receive The Overlook via email, saving paper, and mailing costs.)

Gift membership

Recipient Name _____

Address _____

City, State, Zip _____

Please indicate gift membership level _____

Thank you for your support!

Baltimore Woods Nature Center (BWNC) is a 501(c)(3) private non-profit, membership organization classified under the environmental education division, as filed with the IRS since 1966. Fees and contributions are tax deductible to the full extent permissible by law.