

NATURE EXPLORERS ART & SCIENCE DAY CAMP 2017 REGISTRATION FORM

This form is due the Wednesday before the chosen camp week.

Please print all information.

Questions? 716-827-1584 ext. 292



Completed forms may be submitted via:

- Mail or Drop Off:
2655 South Park Ave.
Buffalo, NY 14218
- Fax: 716-828-0091
- E-Mail: jbaj@buffalogardens.com

CAMPER'S INFORMATION

Camper's Name:		Date of Birth:
Address:		Age (as of July 1, 2017):
City:		Grade Level for September:
State:	Zip:	Telephone Number:
Parent's Email Address:		

CAMP SESSIONS

<input type="checkbox"/> July 10 – 14: Wild and Wacky Water	<input type="checkbox"/> July 31 – August 4: Plants and Our Planet
<input type="checkbox"/> July 17 – 21: Pollinators	<input type="checkbox"/> August 7 – 11: Rainforests
<input type="checkbox"/> July 24 – 28: Plants We Eat	<input type="checkbox"/> August 14 – 18: Woodland Adventures

COST

	Per Week	Per Day
Member's Child	\$180	\$36
General Public's Child	\$200	\$40

PAYMENT

Amount Paid: \$	Method: <input type="checkbox"/> Online <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Please make checks payable to: <i>The Buffalo and Erie County Botanical Gardens Society, Inc.</i>		
Card Number:	Exp. Date:	Security Code:
Signature:		

PHOTO RELEASE

I allow my child's photo to be used in the Buffalo and Erie County Botanical Gardens publications and media releases. I understand that only my child's first name and last initial will be used for identification.

Yes No Parent Signature: _____

DIETARY INFORMATION

I will provide a nut-free bagged lunch for my child daily.	<input type="checkbox"/> Yes
My child may partake of a healthy, nut-free camp snack with no restrictions.	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will provide a daily snack

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MEDICAL HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide staff the background needed to provide appropriate care. Provide complete information so the staff is aware of your child's needs. If more space is needed, please attach an extra sheet of paper.

Allergies:	List Allergy:	Describe Reaction & Management:
<input type="checkbox"/> Medications (e.g. penicillin)		
<input type="checkbox"/> Food (e.g. dairy, nuts)		
<input type="checkbox"/> Other (e.g. insect stings)		

Are all immunizations up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the child have any history of:	If yes, please explain how it is managed.
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes
Recent injury/illness	<input type="checkbox"/> No <input type="checkbox"/> Yes
Chronic/recurring illness	<input type="checkbox"/> No <input type="checkbox"/> Yes
Heart defect/disease/murmur	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dizziness after physical activity	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please list any medications your child takes:

Limitations & Behavior	If yes, please explain.
Any specific activities the child cannot participate in?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any behaviors staff should be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How do you handle the behaviors?	
Any other concerns?	

EMERGENCY MEDICAL TREATMENT CONSENT

- In the event of a medical or other emergency, staff may provide basic first aid to resolve the emergency. Staff will also attempt to contact the parent/guardian or other emergency contacts.
- If immediate medical attention is required, staff will also call 911 to provide the participant with necessary medical treatment and possible transportation via ambulance to an appropriate facility. Any cost of emergency medical treatment is the responsibility of the parent/guardian.
- By signing below, I am indicating that I have read, understood and agree to this policy.

Parent Signature: _____ Date: _____

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EMERGENCY CONTACT INFORMATION

Mother's Name:	Father's Name:
Phone Number:	Phone Number:
Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Emergency Contacts

Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No

I also authorize the following individuals to pick-up my child (in addition to those listed above):

Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

Campers may be dropped off as early as 8:45am. Please be prompt with pick-up at 4pm.
Please let us know if there are any issues which we should be aware of regarding pick-up or drop-off.

SUMMER CAMP CODE OF CONDUCT

- Campers will treat their fellow campers, instructors, volunteers, and visitors to the Botanical Gardens with respect.
- Campers will follow all camp instructors' directions.

Please read and discuss the Camp Code of Conduct with your child. In the event that a camper does not follow the Camp Code of Conduct, the instructor will notify the Director of Education, who will then inform the parent of the problem. If a second incident occurs, a parent will be asked to accompany his/her child during camp, or to withdraw his/her child from camp. Refunds will not be given for behavior-related withdrawals.

I have read and discussed the Camp Code of Conduct with my child. I understand the consequences of behavior-related issues.

I affirm that all information which I have provided is true to the best of my knowledge and I agree to comply with the policies of the Botanical Garden's Camp.

Parent Signature: _____ Date: _____