



## 2013 Summer History Camp Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in September 2012 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### **Select a Week ~ (9 a.m. - 1 p.m.)**

- |            |                   |          |             |
|------------|-------------------|----------|-------------|
| ___ Week 1 | June 24-28,       | Military | Grades 3-5* |
| ___ Week 2 | July 1-3, (\$100) | Military | Grades 6-7* |
| ___ Week 3 | July 8-12,        | Military | Grades K-2* |
| ___ Week 4 | July 15-19,       | Military | Grades 3-5* |
| ___ Week 5 | July 22-26,       | Military | Grades K-2* |
| ___ Week 6 | July 29-Aug 2,    | Military | Grades K-2* |
| ___ Week 7 | Aug 5-9,          | Military | Grades 3-5* |

\*Indicates Grade Completed

### **"Extended Day Campers" ~ (1 p.m. - 4 p.m.)**

\*This option offers a camper a full day ( 9 a.m. - 4 p.m.) during their week, for an additional charge of \$100, but is subject to an enrollment of at least 12 campers for each week this is being offered.

- |            |               |             |
|------------|---------------|-------------|
| ___ Week 1 | June 24-28    | Grades 3-5* |
| ___ Week 3 | July 8-12     | Grades K-2* |
| ___ Week 4 | July 15-19    | Grades 3-5* |
| ___ Week 5 | July 22-26    | Grades K-2* |
| ___ Week 6 | July 29-Aug 2 | Grades K-2* |
| ___ Week 7 | Aug 5-9       | Grades 3-5* |

Weeks selected \_\_\_\_\_

x \$200 = \_\_\_\_\_ Non-members

x \$180 = \_\_\_\_\_ Friends members

x \$100 = \_\_\_\_\_ Extended Day Option

TOTAL = \_\_\_\_\_ This includes \$25.00 NON-REFUNDABLE processing fee.

Credit Card: MC / V / Amex / Disc \_\_\_\_\_ Exp \_\_\_\_\_ CVV# \_\_\_\_\_

Circle one

**Checks to be made payable to "BBPA" & mailed to:**

**Brandywine Battlefield SHC ~ P.O. Box 202 ~ Chadds Ford, PA ~ 19317**

\*Please note check MUST BE INCLUDED with registration form.

## **Emergency Information & Consent**

I hereby authorize SHC staff (Brandywine Battlefield) to execute emergency or other medical treatment for my child, \_\_\_\_\_, that may be deemed necessary by attending medical personnel while he/she is attending the Summer History Camp.

*Parent/Guardian signature* \_\_\_\_\_ Date \_\_\_\_\_

Parent home # (\_\_\_\_\_) \_\_\_\_\_ Parent business # (\_\_\_\_\_) \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate contact in case of emergency \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Doctor name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Has your child ever had a bee sting? Y / N - What reaction, if any, did he/she have?

\_\_\_\_\_

Please list any allergies, medications, special needs...

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