



2018 Summer History Camp Registration Form

Child's Name _____ Age _____

Birthdate ____ / ____ / ____ Grade in September 2018 _____

Address _____ City _____

State _____ Zip _____ Phone Number (____) _____

Parent's Name(s) _____

Mother's Phone (____) _____ E-mail _____

Father's Day Phone (____) _____ E-mail _____

Select a Week (9:00 a.m.-1:00 p.m.) *Denotes Grades Completed

____ Week 1	June 25-June 29	Military	Grades 4-6*
____ Week 2	July 9- July 13,	Military	Grades K-3*
____ Week 3	July 16- July 20,	Military	Grades 4-6*
____ Week 4	July 23- July 27,	Military	Grades K-3*
____ Week 5	July 30- Aug. 3	Military	Grades 4-6*
____ Week 6	Aug. 6 - Aug. 10,	Military	Grades K-3*

“Extended Day Option” (1:00 p.m. – 4:00 p.m.) *Denotes Grades Completed

*This option offers a camper a full day (9 a.m. - 4 p.m.) during their week, for an additional charge of \$120, but is subject to an enrollment of at least 10 campers for each week this is being offered.

____ Week 1	June 25 –June 29	Military	Grades 4-6*
____ Week 2	July 9- July 13,	Military	Grades K-3*
____ Week 3	July 16- July 20,	Military	Grades 4-6*
____ Week 4	July 23- July 27,	Military	Grades K-3*
____ Week 5	July 30- Aug. 3	Military	Grades 4-6*
____ Week 6	Aug 6- Aug. 10,	Military	Grades K-3*

Weeks selected _____

x \$250 = _____ Non-members

x \$225 = _____ Friends members

x \$120 = _____ Extended Day Option

TOTAL = _____ **This already 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...

Please select a T-Shirt Size:

_____ Youth _____ Adult

_____ Small _____ Medium _____ Large _____ XL