



BRANDYWINE BATTLEFIELD

SUMMER HISTORY CAMP

2020 Registration Form

Child's Name _____ Age _____

Birthdate ____ / ____ / ____ Grade in September 2020 _____

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. Child must have at least completed Kindergarten*

| | | | |
|--------------|------------------|-------------|----------|
| _____ Week 1 | June 22-June 26 | Grades 4-6* | \$250.00 |
| _____ Week 2 | July 20- July 24 | Grades 1-3* | \$250.00 |
| _____ Week 3 | July 27- July 31 | Grades 4-6* | \$250.00 |
| _____ Week 4 | Aug. 3- Aug. 7 | Grades 1-3* | \$250.00 |

Week(s) selected _____

x \$250 = _____

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 "PHMC" & 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