

# CAMP REGISTRATION FORM

*Please circle the camp or camps that you would like your child to attend.*

**NEW**

## SUMMER CAMPS

June 10th & 11th (ages 5-11)

### School's Out!

9am -12 pm \$25 / \$30

July 19th-23rd (ages 6-8)

### American Girls

9am-12pm \$40 / \$55

## SPRING WORKSHOPS

\* Tuesday, April 6, 2010 (ages 6-8)

### Seuss-O-Rama

1pm-5pm \$15 / \$20

\* Wed., April 7, 2010 (ages 4-5)

### Young Artists Workshop

1pm-5pm \$15 / \$20

\* Thurs., April 8, 2010 (ages 9-11)

### Young Journalists Workshop

1pm-5pm \$15 / \$20

June 10th & 11th (ages 13+)

### Volunteer - In - Training \*

1pm - 3pm *FREE* with service commitment  
*\*application required*

July 26th-July 30th (ages 4-5)

### KinderCreations

9am-12pm \$40 / \$55

June 14th-18th (ages 9-11)

### Art-Rageous!

9am-12pm \$40 / \$55

August 2-6 (ages 9-11)

### Junior Reporter Camp

9am -12 pm \$40/ \$55

June 21st-25th (ages 9-11)

### Science Shenanigans

9am-12pm \$40 / \$55

August 10th-12th (ages 4-5)

### MessFest

9am-12pm \$30 / \$40

## SPRING FAMILY DISCOUNT!!!!

Register **3** family members for a  
Spring Workshop for  
The SPECIAL price of  
\$40 member / \$50 non-member

Register **TODAY!!!!**

June 29th & 30th (ages 6-8)

### Young Scientists' Workshop

9am-12pm \$25 / \$30

Total Due: \$ \_\_\_\_\_

July 6th-8th (ages 6-8)

### MessFest

9am-12pm \$30 / \$40

For Office Use Only

Date: Rec'v: \_\_\_\_\_

Cash Check Credit Card

Date Processed: \_\_\_\_\_

Transaction #: \_\_\_\_\_

Confirmation Mailed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Registrations will be accepted in person, by mail, or by phone. Send forms and payment to **KidSenses Children's Museum Po Box 150 Rutherfordton, NC 28139**. One child per registration form, please. If you wish to register more than one child, please copy this form, print one from the website, [www.kidsenses.com](http://www.kidsenses.com), or request a form by calling **828-286-2120**. A written confirmation will be sent to you within two weeks upon receipt of your registration form and payment. Camp size is limited. Spaces are reserved on a first come, first paid basis. KidSenses reserves the right to cancel any camp due to insufficient registration. In such a case, all registrants will be contacted and promptly mailed a refund.

# CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Campers' Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade as of Fall 2010: \_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name of person(s) authorized to pick up camper besides parent/guardian listed above:

\_\_\_\_\_  
Please list all health problems, allergies, medications, etc.

\_\_\_\_\_  
Please describe and other special information that will assist in instruction. ( i.e. learning disorders, behavioral disorders etc.)

\_\_\_\_\_  
I give consent for the above listed child to participate in the KidSenses 2010 Camp Program. I authorize medical treatment, which may be advised or recommended by attending medical personnel in the event of an emergency. I understand that no refund will be made if my child is dismissed from the program due to failure to comply with the rules of the Museum.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I also authorize KidSenses to use program photos of my child for publicity purposes (website, brochures, etc.) if they should wish to do so.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_