

**THE CHILDREN'S MUSEUM OF THE HIGHLANDS
DISCOVERY CAMP
REGISTRATION FORM**

The camps will be held from 9 am to 5 pm daily. Campers should bring a bag lunch that **does not have to be refrigerated or micro waved**. Campers may not be left off more than 15 minutes before the start of camp and should be picked up no later than 15 minutes after the end of the day. If the camper is picked up later than 5:15 there will be a \$15.00 charge for each 15 minutes late. The cost for each camp is \$75.00 per person per week. Non-members pay a \$10 registration fee. Before or after camp care is an additional \$20 per week per family. Payment must accompany the registration form. No registrations will be taken over the phone. A 50% refund will be given if requested more than one week prior to camp. No refunds will be given less than a week before the camp begins. Children that have finished kindergarten through children that have finished 5th grade are eligible.

The Camp will be held in our separate camp building, enter from the alley behind the museum. Do Not Park in the lot next to the picnic area.

PLEASE PRINT CLEARLY

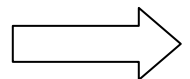
CHILD'S NAME _____
Age _____ Grade completed _____
School Attended _____
Parent/Guardian's Name _____
Address _____
City _____ Zip _____
Day phone _____ Place of Work _____
Emergency contact person _____
Phone _____ relationship to child _____

Any allergies or medications that the museum needs to know about

CIRCLE CAMP CHOICE

6/7-6/11 Human Body	7/19-7/23 Bang, Whistle, Whirl!
6/14-6/18 Invention Convention	7/26-7/30 Monkey Business
6/21-6/25 Solar System	8/2-8/6 Princesses and Frogs
6/28- 7/2 Mardis Gras	8/9-8/13 Great Artists and You
7/5-7/9 Mindful Mysteries	8/16-8/20 Games Around The World
7/12-7/16 Seussville	

I/we the undersigned parent(s) or guardian(s) of the minor child



_____ hereby grant permission for my/our child to participate in all activities in and around the Discovery Camp and The Children's Museum of the Highlands as part of the Discovery Camp program including tai chi instruction. In addition I/we hereby grant permission for my/our child to participate in all field trips which may include but is not limited to walking in the downtown area, to the library, to the Museum and to Lake Jackson. Further, I/we agree to assume all risks which may arise out of such participation. In case of emergency, the Children's Museum of the Highlands has my permission to take my child to the nearest hospital.

I understand that having my child attend Discovery Camp is a privilege and should there be a behavior problem, my child might be asked not to finish the week and there would be no refund of monies. I further understand and agree that if I pick up my child after 5:15 pm, I will be assessed a \$15 fee for each fifteen minutes I am late.

Parent/ Guardian Signature _____

Date _____

*Parking is available down the alley in either direction, one lot enters off of Pomegranate next to the old pet shop, and the other lot is behind the police station. **DO NOT PARK in the lot next to the picnic area. That is a private lot and you WILL BE TOWED!***

Please list people that are authorized to pick your child up from camp. They will be required to show I.D. to sign the child out.

_____	relationship to child	_____
_____	relationship to child	_____
_____	relationship to child	_____
_____	relationship to child	_____
_____	relationship to child	_____
_____	relationship to child	_____

BEFORE AND AFTER CAMP CARE

If you need to drop your child off before 8:45 or pick up after 5:15, please check here. Charge for this service is \$20.00 per week. This must be arranged before the week begins. CAMP CARE

FEES

_____ weeks of camp at \$75 _____ weeks of camp care at \$20
_____ \$10 registration fee for non members
_____ Total owed paid _____ by cash check

