



SPRING NATURE & ART CAMPS 2019

OFFICE USE ONLY	
Number of Camps:	Date:
Payment Processed:	MOP:

REGISTRATION FORM

Eligible campers are currently in Grades K, 1 or 2.

COST: \$33 + HST per day plus Optional "Fluvarium Nature Camp" T-shirt for \$13 + HST.

5 p.m. pick up available for \$5 per day or \$10 for the week + HST

Our Nature & Art Camps are designed to encourage our young campers to explore nature through free form art and exploration. Maximum group size is 10 campers to one adult plus two Junior Counsellors (ages 14+). Each day is a different with activities such as painting, sculpting with clay, paper craft, music, nature art and more. The program will also include outdoors games and exploration opportunities plus critter visits indoors.

CHOICE OF CAMP DAYS:

- DAY 1 Tues, April 23: 8:30/9:00am – 4:00/4:30pm Tues. 5pm Pick Up **Would you like to purchase a T-shirt?**
- DAY 2 Wed, April 24: 8:30/9:00am – 4:00/4:30pm Wed. 5pm Pick Up **YES NO**
- DAY 3 Thurs, April 25: 8:30/9:00am – 4:00/4:30pm Thurs. 5pm Pick Up **Small Medium Large X-Large**
- DAY 4 Fri, April 26: 8:30/9:00am – 4:00/4:30pm Fri. 5pm Pick Up

Register any time at The Suncor Energy Fluvarium, 5 Nagle's Place, St. John's, A1B 2Z2 or by Phone at 709-754-3474. Forms can be submitted by: Fax 709-754-5947 Email at kids@fluvarium.ca or at www.fluvarium.ca (call to confirm availability and arrange payment).

All Payments are due at the time of registration.	Method: <input type="checkbox"/> Visa/ MC/ Amex _____ Expiry _____
Including Tax: \$37.95 per day, \$14.95 per T-shirt,	<input type="checkbox"/> Cash/ Cheque (Attached)
late pick up \$5.75 or \$11.50	TOTAL PAYMENT: _____

Refund Policy: A 50% charge will be withheld on any cancellations after April 1, 2019. If that partial refund is requested due to extenuating circumstances after April 1, 2019, a minimum seven day notice is required or a Doctor's note in case of illness.

Camper's Name _____

Date of Birth (Month/Day/Year) _____

Age / Grade now completing: _____

Address _____

City and Postal Code _____

Parent/Guardian _____

Relationship _____

Phone: (H) _____ (W) _____

(C) _____

E-mail _____

Second/Emergency Contact _____

Relationship _____

Phone: (H) _____ (W) _____

(C) _____

Name of person(s) other than the guardian who may pick up the child (please notify us of any changes): _____

BASIC CAMP GUIDELINES

Camp will begin 9:00 a.m. and end 4:00 p.m. daily. Activities are planned to fill the whole time. Supervision is provided from 8:30 a.m. to 4:30 p.m. (You may opt in for 5:00 p.m. pick up.)

Campers are to adhere to our safety rules and code of conduct as reviewed and posted at Camp.

We will try to go outdoors daily. Please dress for the weather and bring a change of clothing. A kit list will be supplied closer to camp.

Campers are to bring a nut-free lunch and two snacks, water bottle or drink. (Additional allergy concerns will be outlined closer to camp). Refrigerator and microwave are unavailable.

No electronics at camp (cameras allowed). Please leave all valuable items at home; The Fluvarium is not responsible for lost or stolen items. **Initial:** _____

PARTICIPATION: As guardian of the mentioned minor I hereby grant permission for the Minor to participate in all aspects of The Fluvarium's Spring Camps 2019 including outdoor exploration and messy crafting fun with the understanding that there will be adequate supervision at all times. **Initial:** _____

IMAGE RELEASE: I understand that during the course of the event pictures may be taken of my child. I give permission for my child's image (without the use of his/her name) to be used for promotional purposes as The Fluvarium aims to reach the public with its message and promote programs. **Initial:** _____

Please note any Medical Conditions or Allergies that the staff should be aware of including reaction and treatment:

We have no specialized staff to assist children with special needs. Though we aim to be as inclusive as possible, please discuss any special needs with the Camp Director before enrolling your child so together we can determine if this camp is the best fit for your child.

AUTHORIZATION FOR CONSENT FOR TREATMENT: Should a medical emergency arise whereby the staff of The Suncor Energy Fluvarium were unable to contact me, I the undersigned authorize the staff of The Fluvarium to give consent for medical examination, diagnosis and treatment of _____ (name of child) until such time as I am notified. **Child's MCP#** _____

Guardian: _____ Signature: _____ Relationship to child: _____ Date: _____