

## Science Adventure Camp at the Iron Hill Museum & Science Center 2020 Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Cell Phone(s) \_\_\_\_\_

E-mail\* \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**\* E-mail is used to send out confirmation of camp admittance. Your email address will remain confidential.**

**SUMMER CAMP TUITION \$185.00 per session**  
**EXTENDED CARE \$70/week (OR \$30 FOR AM ONLY/ \$40 FOR PM ONLY)**  
[Please complete a separate registration form for each child](#)

**Youth T-shirt size for camper: Small Medium Large XLarge**

\_\_\_\_\_ **Nature Rangers** **June 22-26** Ages 7-11

\_\_\_\_\_ **Ancient Detectives** **July 6-10** Ages 9-13

\_\_\_\_\_ **Earth Explorers** **July 13-17** Ages 7-11

\_\_\_\_\_ **Insect Inspectors** **July 27-31** Ages 7-13

\_\_\_\_\_ **Fossil Hunters** **August 10-14** Ages 7-11

\_\_\_\_\_ **EXTENDED CARE (see pricing above)**

**SUBTOTAL** \_\_\_\_\_

Minus Delaware Academy of Science member discount (10% off/\$17.50 per session) \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

Parental Release:

I hereby release the Delaware Academy of Science, Inc., The Iron Hill Museum & Science Center, members of the Executive Council, Committee and instructors from all damages that could occur during these camps.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*RETURN this form with payment to:*  
 Iron Hill Museum  
 1355 Old Baltimore Pike, Newark, DE 19702  
 QUESTIONS? 302-368-5703 or [director@ironhill-museum.org](mailto:director@ironhill-museum.org)

## Iron Hill Museum Day Camp Student Health Record

Name \_\_\_\_\_ Sex M F Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Illness and Health Problems

Circle those that apply and give additional information if necessary on reverse

Chicken Pox	Frequent Colds	Diabetes
Measles	Frequent Tonsillitis	Allergies (Please specify) _____
Mumps	Hearing difficulty	_____
Rubella	Speech difficulty	_____
Whooping Cough	Vision difficulty	_____
Rheumatic Fever	Menstrual difficulty	_____
Orthopedic Concerns	Convulsive disorders	Other: _____
Asthma	Heart trouble	_____
ADD/ADHD		_____

**Immunization record: (You may substitute a photocopy of health card/record)**

Note: you can obtain DE immunization records quickly at 1-800-282-8672

**PLEASE NOTE: WE MUST HAVE A COPY OF THIS AS PER STATE LAW**

DTP Series: \_\_\_\_\_

MMR: \_\_\_\_\_

Polio: \_\_\_\_\_

Tuberculin test: Date \_\_\_\_\_ Result: \_\_\_\_\_

Please inform us of any other condition we should be aware of. This information is confidential and will enable us to better serve your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Designated Adult Emergency Contact/Persons Authorized to Pick Up Child:**

(1) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby give authorization for emergency medical care to be administered to my child, \_\_\_\_\_, in the event that an emergency occurs and I am unable to be contacted in a timely manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED HEALTH FORM NO LATER THAN 6/1/2020- THANK YOU!**

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