

Nature Explorers

Boxerwood Day Camp Application 2017

Session 1: **June 5 – 9** For pre-K (ages 4-5)

Session 2: **June 12 – 16** For K to 2nd grade

Monday – Friday, 8:30 – 1 pm

Circle the week your child will be attending camp:

Session I: June 5-9 or Session II: June 12-16

Child's Name _____ Current Grade: _____ Child's Birthdate _____

Child's School _____ Age _____ Gender _____

Health Concerns/Allergies _____

Child's Strengths _____

Child's Challenges _____

Child's Interests _____

Parent Name(s) _____

Phone _____ (h) _____ (w) _____ (cell) _____ (email) _____

Full Mailing Address _____

Whom should we contact in case of a sick child or emergency? Please give two contacts:

Name _____ Relationship _____ Morning Phone _____

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Payment: (Membership available on our website: www.boxerwood.org)

I am a Boxerwood member. Enclosed is a check for \$150.

I am not a member. Enclosed is a check for \$175.

I can only afford \$_____ and would like my child to be considered for a camp scholarship to cover the balance.

I'd like to contribute \$_____ to the Camp Scholarship Fund (a tax deductible contribution).

TOTAL Payment Enclosed = \$_____ Please write your non-refundable check to Boxerwood.

Send to: Boxerwood, 963 Ross Road, Lexington, VA 24450

Deadline:

Camp enrollment is limited to 30 children in Session I and 20 children in Session II. Children will be accepted on a first-come, first-served basis. Firm deadline is June May 15.

Families will receive more information upon registration.

Agreement

The professional staff of Boxerwood has my permission to enroll my child/dependent in the Nature Explorers Day Camp and to seek medical attention for him/her in the case of an emergency.

Parent/Guardian Signature

Date

I've attached comments, questions, and/or concerns, or written them on the back of this page.

I agree that Boxerwood may use camp photos for publicity, advertising, and web content.