

2011 Summer Discovery and Discovery Workshop Registration

Please fill out one form for each child you are registering for camp. Refunds are not issued after June 15th.

Return to: Newlin Grist Mill | 219 S. Cheyney Rd. | Glen Mills, PA 19342

Child Name: _____ Date of Birth: _____ Gender: M/F

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____ Email Address: _____

Summer Discovery Sessions	Fee*	Discovery Workshops	Fee
Session 1: July 5, 6, 7	Our Ponds and Streams	July 6	Pond Fishing (ages 5-7)
Session 2: July 12, 13, 14	Reptiles and Amphibians	July 7	Ice Cream Dreamin' (ages 5-7)
Session 3: July 19, 20, 21	Bad Boys of Nature	July 12	Pond Fishing (ages 5-7)
Session 4: July 25-29	A Newlin Sampler	July 13	Fly Fishing (ages 10-12)
Session 5: August 2, 3, 4	Who Lives Here?	July 14	Pond Fishing (ages 8-12)
Session 6: August 9, 10, 11	Let's Fly	July 19	Pond Fishing (ages 5-7)
Session 7: August 16, 17, 18	Native Americans	July 20	Pond Fishing (ages 8-12)
Total for Summer Discovery:		July 21	Flatbreads (ages 7-12)
		August 2	Soap Making (ages 6-12)
		August 3	Potpourri Bags (ages 6-12)
		August 4	Paper Making (ages 5-7)
		August 9	Mill to Muffin (ages 7-12)
		August 10	Ice Cream Dreamin' (ages 8-12)
		August 11	Toys and Games (ages 5-7)
		Total for Discovery Workshops:	

** Please note: Summer Discovery sessions 1, 2, 3, 5, 6, and 7 cost \$90.00 per child. If you sign up a child for multiple sessions, we offer a discounted rate of \$75.00 per session per child.*

Before/After Care for Session 4 (July 25-29) Only:	Fee
Before Care Only (8:00am-9:30am): \$30.00	_____
After Care Only (3:30pm-5:00pm): \$30.00	_____
Combined Before and After Care: \$55.00	_____
Total for Before/After Care:	_____

Summer Discovery Fees: _____ **+ Before/After Care Fees:** _____ **Discovery Workshop Fees:** _____ **= Total Due:** _____.

Emergency and Medical Information (Confidential)

Child Allergies: _____

Medicine the Child Routinely Takes: _____

Other Restrictions or Medical Information: _____

Camper Doctor: _____ Phone # _____

Camper Dentist: _____ Phone # _____

Medical Insurance Company: _____ Policy # _____

Emergency/Release Information: The child will **only** be released at the end of the day to the following people listed below. These individuals will also be used as emergency contacts in the order they are listed.

#	Name	Relationship	Day phone	Cell phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

In case of an emergency, I give permission to have my child receive first aid and be transported to the nearest hospital by professional emergency personnel. I understand I will be financially responsible for the cost of such treatment. I also consent to any treatment, surgery, etc. which may be carried out based on the medical judgment of the attending physician. Newlin Grist Mill staff will share insurance and information about medications, allergies, physical disabilities, and restrictions to medical personnel should my child need medical assistance.

Parent/Guardian Signature: _____ Date: _____

By submitting this application, I acknowledge that photographs taken during these programs may be used in brochures, press releases, and other Newlin Grist Mill marketing, publicity, and advertising material.

Add me to the Newlin Grist Mill e-mail list to receive early camp brochures and announcements and Newlin Grist Mill newsletters.