

**Heckrodt Wetland Reserve
Eco-Explorers 2021 Winter Day Camp Registration**

PLEASE PRINT CLEARLY

Child's Name _____ Age _____ Grade _____

Only one child per registration form. (You may copy additional forms if you have more than one child, or contact us and we can send you additional copies.)

K- 4th grade

Wild in the Winter _____

February 9-11 (T-Th)

1-3 PM

\$50/child or \$52/child w/online payment

How did you hear about Eco-Explorers? _____

- ❖ **Please be sure to sign your child up for the appropriate session based on the grade he or she will be entering in the fall. NO EXCEPTIONS WILL BE MADE! Children enrolled in sessions designed for ability levels above or below them require more attention from staff and present an unfair situation to the rest of the children.**
- ❖ We will notify you **ONLY** if the class is full or we need to cancel. Otherwise, your child is registered when we receive payment **and** registration/health form. We will send a confirmation letter with any additional information and reminders about the dress, etc. about 1 week before the Summer Day Camp Session.

Method of payment:

Checks should be made out to: Heckrodt Wetland Reserve. One check can be made out for all registered children. Make sure you include **all** registration/health forms with your check or online payment. You can mail your check and registration forms to Heckrodt Wetland Reserve, 1305 Plank Road, Menasha, WI 54952. (Heckrodt Wetland Reserve has an Eco- Explorers scholarship program where participants can apply for financial assistance on a case by case scenario. Contact a staff member for more information.)

For office use:

Date Registration Received: _____ Amount Paid: _____

Payment method: Check #: _____ Cash: _____ Credit Card: _____

On-line order # _____

**Heckrodt Wetland Reserve
Eco-Explorers Summer Day Camp
Health and Authorization Form**

PLEASE PRINT CLEARLY

Child's Name _____

Parent's Names _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mom's Work # _____ Dad's Work # _____

Mom's Cell Phone _____ Dad's Cell Phone _____ E-mail _____

If parents cannot be reached in an emergency, please notify:

Name _____ Phone (h) _____ (w) _____

Relationship _____

Name _____ Phone (h) _____ (w) _____

Relationship _____

Insurance Co. _____ Policy # _____

Hospital Preference _____

Doctor _____ Phone _____

My child has the following allergies or medical needs: _____

Medications my child is currently taking: _____

If sending medications to camp, please give name of medication and dosage instructions _____

(All medications must be in original container.)

In case of emergency I authorize Heckrodt Wetland Reserve staff to obtain medication or medical attention for my child if unable to reach parent, legal guardian or physician stated above. I hereby release and agree to hold harmless Heckrodt Wetland Reserve, its officers, or employees against any and all losses, liabilities, expenses, and causes of action for personal injury or death of my child.

Publicity Release: My signature on this document allows Heckrodt Wetland Reserve to use photos or videos of my child for HWR public relations purposes.

Parents Signature _____ Date _____