

# 2007 Dorothy Pecaut Nature Center Summer Day Camps Registration Form

Sponsored by: Woodbury County Conservation Foundation & Board

**Return Form & Payment to:** DPNC, c/o Theresa Kruid, 4500 Sioux River Road, Sioux City, IA 51109  
*Use a separate form for each registrant. Complete the front & back of this page & print clearly.*

Camper's Name \_\_\_\_\_ Age & Birthdate \_\_\_\_\_ Grade Next Fall \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Indicate the camp and session for which you would like to register:

**Caterpillars: (ages 3-5 w/ adult)**  
**\$25 for 1st child & \$18 for 2nd child**  
~~Waiting for Wings (9-11 am) July 10-11 \_\_\_\_\_~~

**Bumblebees: (ages 4) - \$40**  
~~Tales and Trails (9-11 am) June 18-22 \_\_\_\_\_~~  
~~Tales and Trails (9-11 am) July 30-Aug. 3 \_\_\_\_\_~~

**Grasshoppers: (ages 5-6) - \$50**  
~~Insects in Motion (9am-Noon) June 18-22 \_\_\_\_\_~~  
**A Tree and Me (9am-Noon) June 25-29 \_\_\_\_\_**  
~~Things with Wings (9am-Noon) July 16-20 \_\_\_\_\_~~  
**Insects in Motion (9am-Noon) July 30-Aug. 3 \_\_\_\_\_**  
~~Things with Wings (9am-Noon) Aug. 6-10 \_\_\_\_\_~~

**Bluebirds: (ages 7-8) - \$65**  
~~Water Works (9am-2pm) June 25-29 \_\_\_\_\_~~  
~~Discover Dinosaurs (9am-2pm) July 9-13 \_\_\_\_\_~~  
~~Water Works (9am-2pm) July 23-27 \_\_\_\_\_~~  
~~Animal Champions (9am-2pm) Aug. 6-10 \_\_\_\_\_~~

**Meadowlarks: (ages 9-10) - \$75**  
~~Art in Nature (9am-3pm) June 11-15 \_\_\_\_\_~~  
~~Follow those Tracks (9am-3pm) July 23-27 \_\_\_\_\_~~

**Badgers: (ages 11-12) - \$80**  
~~Outdoor Adventures (9am-3pm) July 16-20 \_\_\_\_\_~~

**Hawks: (ages 13-15) - \$20**  
**Aim for the Target (9am-3pm) July 12 \_\_\_\_\_**

☞ WCCF Members receive \$5 off their total fees and coupon must be presented with registration.

☞ A \$20 deposit is due for each camp.

**Circle Child's T-shirt size:** Child Sizes: S (6-8) M (10-12) L (12-14)  
Adult Sizes: S M L XL

**Payment Method:** \_\_\_ Cash \_\_\_ Check (Payable to Woodbury County Conservation)  
\_\_\_ Credit Card \_\_\_ Visa \_\_\_ Mastercard Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_  
There is a \$2 processing fee for credit card use.

Office Use Only

Date Deposit received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_ Credit \_\_\_ Check # \_\_\_\_\_ Staff \_\_\_\_\_

Date Balance received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_ Credit \_\_\_ Check # \_\_\_\_\_ Staff \_\_\_\_\_

Date Confirmation sent \_\_\_\_\_ Scholarship Requested \_\_\_\_\_ WCCF Discount \_\_\_\_\_

**OVER**

# Dorothy Pecaut Nature Center - Camper Information Form

Please complete the following information about your child. This form will be kept with your child's day camp naturalist, in case of emergency. This must be completed for your child to attend camp. Thank you!

Child's Name \_\_\_\_\_ Preferred name for nametag \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**If neither parent is available, contact:**

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Allergies to food, medicine or insects \_\_\_\_\_  
Health or physical considerations \_\_\_\_\_  
Other helpful information \_\_\_\_\_

**Emergency Release**

In the event of an emergency, I give permission for the Woodbury County Conservation Board staff to administer first aid and/or obtain medical treatment for my child, \_\_\_\_\_. I further understand that every effort will be made to contact me and/or my emergency contacts. I give permission for emergency care and transportation to the nearest hospital, if necessary. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Permission for Participants: (Please choose and check one)**

I grant permission to have my child photographed, and further agree that such photograph, if selected, may be used in publications and other materials produced by or about WCCB & DPNC. Publications may include area newspapers and in-house publications such as newsletters, brochures, webpage and presentations. Photographs are the property of the entity taking the photograph.

I do NOT want my child photographed. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Carpool Information:** My child may be dropped off or picked up by the following people:

Name, relation, & phone #: \_\_\_\_\_  
Name, relation, & phone #: \_\_\_\_\_