



ENVIRONMENTAL LEARNING CENTER

Summer Camp Registration



Participant Information

First name: _____ Last name: _____
 Birth Date: _____ Grade Entering: _____ Gender: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ - _____ - _____

Please select the Camp you'd like to sign up for:

Cost/Camp

Grades 1-2

Nature Spy Water Camp (Grades 1-2)	<input type="checkbox"/>	July 8-11	\$230
Nature Spy Water Camp (Grades 1-2)	<input type="checkbox"/>	July 15-18	\$230
Nature Spy Water Camp (Grades 1-2)	<input type="checkbox"/>	July 29-Aug 1	\$230

Grades 3-5

Nature Spy Astromony Camp (Grades 3-5)	<input type="checkbox"/>	July 8-11	\$250
Nature Spy Astromony Camp (Grades 3-5)	<input type="checkbox"/>	July 15-18	\$250

Would you like to enroll in Before &/or After Care?

July 8-11

July 15-18

July 29-Aug 1

Before Care (7:15-9:00 am)	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40
After Care (4:00-6:00 pm)	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40	<input type="checkbox"/>	\$40
Both Before & After Care	<input type="checkbox"/>	\$80	<input type="checkbox"/>	\$80	<input type="checkbox"/>	\$80

Single sessions of Before or After Care available (10.00/each session), please list days & session interested in:

Parent/Guardian Information

First Name: _____ Last Name: _____
 Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
 Relationship: _____

2nd Parent/Guardian (optional)

First Name: _____ Last Name: _____
 Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
 Relationship: _____

Emergency Contact Information (if different from Parent/Guardian)

Emergency Contact #1 Name: _____ Phone: _____ - _____ - _____
 Emergency Contact #2 Name: _____ Phone: _____ - _____ - _____

Health Information

Please list any health issues that we should be aware of (allergies, medications, etc.):

Does your child have any dietary restrictions? No Yes

Does your child have any behavioral issues we should be aware of? Yes No

If yes, please describe the behavior in detail. What are recommended strategies for managing these behaviors?

I give my permission for the Environmental Learning Center staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Clackamas Community College, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Yes

We will ask you to fill out a "Medical Release Form" for any medications that need to be administered during the duration of your child's participation in an Environmental Learning Center Camp. We have the following medications on-site and in our first aid kits which are used to manage injury or illness.

Please check the medications that your camper **CANNOT** be given

Ibuprofen (Advil, etc.)
 Acetaminophen (Tylenol, etc.)
 Oral antihistamine (Benadryl/Zyrtec)

Health Insurance Company _____

Policy # _____

Photo/Video Permission

I hereby give permission to Clackamas Community College to use photos or videos of my child in publications, websites, social media or other promotional materials. I understand that I will receive no compensation and that this permission is binding.

Check here if you do **NOT** grant photo/video permission

You will automatically be signed up to receive emails about our future camp offerings.

Check here if you do **NOT** wish to receive emails

Optional Information

How did you hear about us?

My child attended another ELC camp

Website Facebook ELC Newsletter Word of mouth Other _____

Clackamas Community College collects demographic information on our program participants. With which race(s)/ethnicity(s) does your child identify?

American Indian/Alaska Native Asian/Pacific Islander Black/African American Hispanic

Middle Eastern Slavic or Russian White Other

The Parent/Guardian of the participant acknowledges the known and unknown dangers and hazards inherent with the activities, travel and transportation arising from participation in Environmental Learning Center camps. Furthermore, Parent/Guardian agrees to indemnify and release Clackamas Community College, its employees, volunteers, elected or appointed officials against any loss or expense including attorney fees resulting from bodily injury, property damage, or personal injury arising out of any and all activities associated with the participant's participation in Environmental Learning Center camps.

Parent/Guardian Signature _____ Date _____

Payment: Check included Applying for scholarship

Please email your signed registration form to alena.schnarr@clackamas.edu, or mail it along with payment to the address below.

Environmental Learning Center
Clackamas Community College
19600 Molalla Ave. Oregon City, OR 97045