Kettle Creek Environmental Education Center's

Get in Touch with Nature Day Camp

Choose One Week! Ages 7-10

July 29th - Aug 2nd August 5th - 9th

Monday through Friday: 8am - 3:30pm Cost: \$170 per Child Late Pick-Up Available 3:30pm-6pm \$50/Week or \$10/Day Registration is Limited!



Please sign and return completed registration and medical form to:
Kettle Creek Environmental Education Center
8050 Running Valley Road
Stroudsburg, PA 18360



Checks should be made payable to MCCD (Monroe County Conservation District)

Get in Touch with Nature Camp Participant Registration Form

-ull Name:	iviale	Female	_
Participant Date of Birth:	Age during camp:		
Address:	City:	State:	Zip:
Guardian Name:	Phone numbe	er:	
Relationship to Camper:			
Alternative Phone number:	Guardian Email:		
s this child allergic to anything? If	yes, explain:		
s this child currently taking medication?	If yes, explain:		
Other medical notes:			
Do we have permission to use picture	s of your child for publicity pur	rposes? Yes No	_
Cam	p Week: Choose <u>ONE</u> on July 29 th – August 2 nd Augus	ily it 5 th – 9 th	
ate pickup is offered at an additional cost of \$	10 per day until 6pm. Please	note dates/times late	pickup is needed:
Monday Time: Tuesday	Time: Wednesday	Time:	
Thursday Time:	Friday Time:		
Camp Fee: \$170 + Late Pick Up Fee (\$10 per Please make checks payable to MCCD. Please seven days prior to program. Signing this application of the county from all claims for accidents/injubarents/guardians also agree that, in the event that parent/guardian gives permission to the MCGuardian Signature	e note: Refunds will only be give cation releases the Monroe Couries incurred by the applicant of camper injury/illness, if the CCD Staff to obtain competent	ven if notification is mounty Conservation Din the normal course parent or guardian care	istrict (MCCD) and of instruction. Signed annot be contacted,

8050 Running Valley Road Stroudsburg, PA 18360

Admin/Technical: 570-629-3060 Env. Education: 570-629-3061 www.mcconservation.org



Get in Touch with Nature Camp 2024 Medical Information Form

(Must be filled out, signed and returned. Campers will not be permitted at camp without it)

Name:	Date:				
Address:					
City:					
Date of Birth:	Age:		Sex:		
Parents or Guardians:					
Phone 1:	Phone	e 2:			
Emergency Contact:		Relationship:			
Phone :					
Family Doctor:		Phone #:			
Insurance Company:		Policy #:			-
Does the camper have any aller	gies?Ple	ease list:			-
Is the camper taking any medica	tions?	_ Please list:			-
(Note: All medications to be take	en during camp mu	st be given to	camp staff)		
Please list any restrictions or spe	ecial medical condit	ions of which	the camp staff s	hould be aware	: -
Please list any dietary needs:					- -
Signing this form releases the Education Center and Monroe Comp time. Signed parents also contacted, that parent give	County from all clair so agree that, in the	ns for accide event of can	nts or injuries inc nper injury or illne	curred by the caless, if the paren	mper during It cannot be
Parent or Guardian Signature:			Date:		
Printed Name:					