



# Nature's Classroom 2018 WATER ADVENTURE SUMMER CAMP



**WHO:** Exiting 4<sup>th</sup> through exiting 7<sup>th</sup> graders  
**WHERE:** Nature's Classroom, 13100 Verges Road, Thonotosassa, FL 33592 (813) 987-6969  
**MEALS:** Free breakfast and bagged lunches and milk/juice provided by SNS  
**HOW MUCH:** FREE - sponsored by Southwest Florida Water Management District  
**WHEN:** *(Choose One)* **8am-3pm** \_\_\_ **June 04-07** \_\_\_ **June 11-14** \_\_\_ **June 18-21** \_\_\_ **June 25-28**

Child's Last Name	First	M.I.	Child's Birthdate
Parent/Guardian Last Name	First	M.I.	Best Contact Number
Home Address	City	ZIP	2017-18 School
Emergency Contact (other than parent/guardian)			Emergency Contact Number
Person Picking Up Your Child From Camp			Their Contact Number
Does your child have any allergies? If so, please explain:	Does your child have any medical conditions? If so, please explain:		Doctor's Name
For child to be eligible to participate, he/she must be: <ul style="list-style-type: none"> <li>Able to be independent in daily self-care needs.</li> <li>No danger to him/herself or others.</li> <li>Able to actively participate in large group activities with an adult/student ratio of 1 adult to 20 students.</li> <li>Able to remain within the program location and under adult supervision without risk of elopement or wandering.</li> </ul>			<b>Parent's Initials:</b> _____

**\*\*\* Medical Release Form and Photography/Videotaping Permission Form required with application.**

Your child will be participating in a special field trip to Crystal Springs as part of the Water Adventure Camp. Please read the information below. By initialing above and below and signing this form, you give your child permission to participate and that you approve of the transportation arrangements.

<b>Date of Field Trip:</b> June 6, 13, 20 or 27, 2018 <b>Time Expected to Depart:</b> 8:30am <b>Lunch Accommodations:</b> Bagged lunch from SNS	<b>Field Trip Location:</b> Crystal Springs <b>Time Expected to Return:</b> 2:00pm <b>Method of Transportation:</b> School Bus	<b>Parent's Initials:</b> _____
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*Applications will be accepted on a first come, first serve basis.*

All information is true and correct to the best of my knowledge.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Date: \_\_\_\_\_ Week: \_\_\_\_\_ Number: \_\_\_\_\_