

Nature's Classroom 2019 WATER ADVENTURE SUMMER CAMP



WHO: WHERE: MEALS: HOW MUCH: WHEN: (Choose One)		sroom, 13100 st and bagged bly fee	O Verges Road lunches and	d milk/juice	provided by	92 (813) 987-6969 SNS
Child's Last Name		First		M.I.	Child's Birthdate	2
Parent/Guardian Last Name		First		M.I.	Best Contact Number	
Home Address		City		ZIP	2018-19 School	
Emergency Contact (other than parent/guardian)					Emergency Contact Number	
Person Picking Up Your Ch			Their Contact Number			
Does your child have any allergies? If so, please explain: Does you If so, pl			have any medica olain:	al conditions?	Doctor's Name	
For child to be eligible to participate, he/she must be: • Able to be independent in daily self-care needs. • No danger to him/herself or others. • Able to actively participate in large group activities with an adult/student ratio of 1 adult to 20 students. • Able to remain within the program location and under adult supervision without risk of elopement or wandering.						
*** Medical Release Your child will be pa Camp. Please read	rticipating in a the information	special field to n below. By <u>i</u>	trip to Crysta	al Springs as	s part of the V ow and signing	Vater Adventure g this form, you give
your child permissio						ngements.
Date of Field Trip: June 12, 19 or 26, 2019 Time Expected to Depart: 8:30am Lunch Accommodations: Bagged lunch from SNS			Field Trip Location: Crystal Springs Time Expected to Return: 2:00pm Method of Transportation: School Bus Initials:			
Priority w	vill be given to	students that	have not at	tended this	camp in past	summers.
All information is true and correct to the best of my knowledge.						
Parent's Signature:			Date:			