



Children's Storybook Garden & Museum

www.childrensstorybookgarden.org

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   @GardenHanford

175 E. Tenth Street

Hanford, CA 93230

(559) 500-9966

Spring Camp 2022 - Registration Form

April 11-15 | 8:30 am - 11:30 am

Child's Name: _____ Child's DOB ____ / ____ / ____ Gender ____

Student's age/grade level: K (age 5) / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th

Parent/Guardian Name: _____ Member: Yes No

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

The following adults have permission to drop-off & pick-up my camper (ID will be required):

The cost for each 1 week session is \$100 nonmembers / \$90 members, which includes all supplies and snacks.

X	Week	Dates	
	1	April 11-15	Games, Crafts, Gardening, Cooking, Science, Snacks

Family Memberships: \$85 - Admission to the Garden and all member benefits for one year. Discount on summer camp, workshops, and events. Admits up to 7 people each visit.

Military Family Membership: \$75 - Admission to the Garden and more.

Emergency Contact: _____ Phone Number: _____

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My child has the following health conditions and/or allergies:

Please share any additional information or special considerations we should be aware of to support your child:

1. I give permission for my child to participate in all activities.
2. I give permission for my child to be under the care and responsibility of Children's Storybook Garden & Museum staff.
3. I give permission to the staff of CSGM to administer emergency medical treatment to my child in the event that it is necessary.
4. I give permission for my child to be photographed or recorded for print or electronic use for promotional purposes. I understand there will be no payment for me or my child to participate.
5. Fees are non-refundable. There are no make-up sessions. Parents are responsible for providing CSGM with an Enrichment Certificate if using Inspire! funds.
6. Weather permitting, we may hold some sessions outdoors. Please make sure your child is dressed appropriately. Consider sending water, sunscreen, sunglasses, and a hat for your child.

Signature of Parent/Guardian: _____ Date: _____

_____ **Spring Camp '22**
(Student Name)

*Parents: If you'll initial in the attendance column, we'll take care of everything else.

	Date of payment	Amount Paid	Class Dates	Class Cost	Attendance (Parent initials)	Balance	Notes
	12/1/21	\$50	12/1	\$25	AB	\$25	St was picked up 5 minutes early
			12/7	\$25	AB	0	St will be on vacation next week
1			4/11				
2			4/12				
3			4/13				
4			4/14				
5			4/15				

Paid in full: Yes No
Cash/Credit
Amount: _____
Staff initials: _____
Date: _____