



2024 Summer Camp Registration Form

www.gigharborfoundation.org/cbns

Campus 1: 7191 Wagner Way NW Ste 101, Gig Harbor, 98335 / 253-514-6338 ext. 3

Campus 2: 13302 Crescent Valley Dr. NW, Gig Harbor, WA 98332 / 253-514-6338 ext. 6

Return this form with payment to 7191 Wagner Way NW, Ste 101 Gig Harbor, WA 98335.

If you are registering more than one child, please use a separate form for each child.

CHILD INFORMATION:

Child's First Name: _____ Child's Last Name: _____

Age on first day of program (see requirements): _____ Date of Birth: _____ Gender: _____

Current school/daycare (if any): _____

PARENT / GUARDIAN INFORMATION:

Parent(s)/Guardian(s): _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact(s)/Authorized Pick-up: _____ Phone: _____

REGISTRATION INFORMATION:

Please check how you heard about our Summer Program (check all that apply):

School Website Flyer/Ad Community Event Word of Mouth Other: _____

Camp Details & Requirements: CBNS camp activities include daily outdoor nature exploration, access to open arts studio and loose parts maker station, interactive science and math centers, and seasonal projects.

- Camps are for children ages 3 to 10 and must be toilet trained and independent in the bathroom.
- Staff to child ratio is 1:6 to 1:8, depending on age group.
- Camp sessions run 2 to 4 days per week from 9 am to 1 pm and includes snack and lunch time. Campers must bring a water bottle and non-perishable, nut-free snack and lunch daily.
- Close-toed shoes/boots are required. Summer camps are held primarily outdoors.

PAYMENT DETAILS

- Forms and full payment are due at the time of enrollment. We accept check, cash, or credit/debit cards (2.59-3.39% card processing fees apply).
- **Cost:** \$130 for 2-day camps; \$250 for 4-day camps
- **Multi-child discount:** 10%
- **Cancellation Policy:** Cancellations made at least 14 days before program start date receive full refund minus a \$25 cancellation fee per camp. Cancellations made less than 14 days before start date receive a 50% refund per camp. Inside of 7 days, no refund will be given unless the camp is canceled. *Classes offered are dependent on enrollment numbers and are subject to change.*

I am enrolling my child in the following camp session(s):

CAMP PROGRAMS FOR AGES 3-5	Wagner Way Campus CHECK HERE	Crescent Valley Campus CHECK HERE	FEE(S)
WEEK OF: June 24-27			
<input type="checkbox"/> 2-day: Mon-Tue / 9 AM-1 PM / \$130			
<input type="checkbox"/> 2-day: Wed-Thu / 9 AM-1 PM / \$130			
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250			
WEEK OF: July 1-2			
<input type="checkbox"/> 2-day: Mon-Tue / 9 AM-1 PM / \$130			
WEEK OF: July 22-25			
<input type="checkbox"/> 2-day: Mon-Tue / 9 AM-1 PM / \$130			
<input type="checkbox"/> 2-day: Wed-Thu / 9 AM-1 PM / \$130			
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250			
WEEK OF: August 12-15			
<input type="checkbox"/> 2-day: Mon-Tue / 9 AM-1 PM / \$130		n/a	
<input type="checkbox"/> 2-day: Wed-Thu / 9 AM-1 PM / \$130		n/a	
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250		n/a	
CAMP PROGRAMS FOR AGES 5-10	Wagner Way Campus CHECK HERE	Crescent Valley Campus CHECK HERE	FEE(S)
WEEK OF: June 24-27			
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250		n/a	
WEEK OF: July 8-11			
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250		n/a	
WEEK OF: July 15-18			
<input type="checkbox"/> 4-day: Mon-Thu / 9 AM-1 PM / \$250		n/a	
Fee(s) Subtotal			\$
Multi-child Discount (less 10%)			\$
TOTAL DUE			\$

Payment method: Cash Credit Card Check, payable to CBNS (list check #) _____

Signature Parent/Guardian: _____ Date: _____

PERMISSION AND LIABILITY WAIVER:

Does your child have any illnesses, health irregularities, physical challenges or other special considerations that require special accommodations for participation in camp activities? If yes, please describe.

Please list all allergies, current medications, vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (e.g. EpiPen, bee sting kit, or inhaler, etc.), you must supply medication labeled with child’s name and detailed instructions on our Permission to Administer Medication Form to the office prior to your child’s attendance. Kits are returned if unused.

My child, _____, has permission to fully participate in GGHF Curious by Nature School’s Summer Program activities. I, as parent/legal guardian, do hereby grant the GGHF CBNS staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless GGHF Curious by Nature School and its agents from liability resulting from an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making an attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that GGHF CBNS and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian’s failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child in GGHF CBNS’ Camp Program constitutes your agreement to this waiver.

I understand that all Emergency and contact information must be completed before my child may attend camp.

I have read and understand all policy and procedural information, including health, payment, and cancellation policies.

Signature Parent/Guardian: _____ Date: _____

Publicity Release Form (optional): I authorize GGHF Curious by Nature School to use a photograph or other image of my child for public relations purposes connected to this program and future programs associated with GGHF CBNS. I understand that my child’s name will not be published with an image.

Signature Parent/Guardian: _____ Date: _____