



2025 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

GGHF Office: 7191 Wagner Way NW Ste 102, Gig Harbor, 98335 / 253-514-6338 ext. 1

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

CAMPER INFORMATION

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

Date of Birth: _____ Age on First Day of Camp: _____ (see requirements) Gender Female Male

Current school/ daycare (if any): _____

PARENT / GUARDIAN INFORMATION

Parent(s)/Guardian(s): _____

Phone 1: _____ Alternate Phone: _____ Email: _____

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

CAMP REGISTRATION:

Please let us know how you heard about our Summer Camp Program (check all that apply):

School Social Media Web Site Newspaper Flyer Community Event Word of Mouth Other: _____

Camp Details & Requirements: Camp activities include daily outdoor nature exploration, access to open arts studio and loose parts maker stations, interactive science and math centers, and seasonal projects. All campers must bring a non-microwaveable, non-refrigerated sack lunch. Maximum camp size is twenty (20); minimum is 13. Registrations are processed in the order they are received.

Wagner Way Camps: Monday-Thursday, 9:00 AM to 1:00 PM. Camps are for children aged 2.5 to 8 years. Ages 2.5-3 can be working on potty training; ages 4-8 must be toilet trained and independent in the bathroom.

Crescent Valley Camps: Monday-Friday, 9:00 AM to 3:00 PM. Camps are for children aged 3 to 9 years. All children are expected to be potty trained; ages 4-9 must be independent in the bathroom.

IMPORTANT NOTES:

- If your camper is between ages 2.5 and 3, and new to CBNS **or** has not previously been in a daycare, preschool or school setting, we recommend starting them off with a minimum of two (2) consecutive weeks of camp to help ensure a smooth transition and the best possible experience for your all.
- Camps run either 4 or 5 days per week:
 - 9:00 AM to 1:00 PM at our Wagner Way Campus
 - 9:00 AM to 3:00 PM at our Crescent Valley Campus
 - All camps include snack and lunch time and all 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.

FEES AND PAYMENT DETAILS:

Fees:

- 4 day camps (9am to 1pm) – \$260/week
- 5 day camps (9am to 3pm) – \$375/week
- Multi-child discount: 5%
- Full Summer, 8 weeks of camp, discount: 10%
 - 4 days/week - Wagner Way Camps - \$1,872.00
 - 5 days/week - Crescent Valley Camps - \$2,700.00

Forms and full payment are due at the time of enrollment.

Cancellation Policy:

- Cancellations made at least 14 days before program start date receive full refund minus a \$35 cancellation fee per camp.
- Cancellations made between 8 and 14 days before start date receive a 50% refund per camp.
- Cancellations inside of 7 days of start date, receive no refund unless the camp is canceled by CBNS.
- Camps offered are dependent on enrollment numbers and are subject to change.
- CBNS will notify all families with enrolled campers of any changes to the camp schedule or cancellations at least 2 weeks' prior to camp start date.

Below is the 2025 Summer Camp schedule and session details. For additional information on weekly camp themes and activities, please refer to the Summer Camp Series Addendum.

I/We would like to enroll my/our child(ren) in the following camp session(s):

Session	Week	Theme	Wagner Way	Crescent Valley
			Mon-Th, 9am – 1pm	Mon-Fri, 9am – 3pm
1	June 30 - July 3	WILDLIFE DETECTIVES	<input type="checkbox"/>	<input type="checkbox"/>
2	July 7-11	JR. EXPLORERS	<input type="checkbox"/>	<input type="checkbox"/>
3	July 14-18	NATURE'S ART	<input type="checkbox"/>	<input type="checkbox"/>
4	July 21-25	MAD SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>
5	July 28 - August 1	NATURE'S BUILDERS	<input type="checkbox"/>	<input type="checkbox"/>
6	August 4-8	FOREST THEATRE	<input type="checkbox"/>	<input type="checkbox"/>
7	August 11-15	NATURE'S MARKET	<input type="checkbox"/>	<input type="checkbox"/>
8	August 18-22	PNW ADVENTURES	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH/MEDICAL INFORMATION:

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

Please tell us about any medical/health, developmental or behavioral conditions, or any other pertinent information that might aid in the enhancement of your child's camp experience.

Please list all allergies, current medications, vitamins, inhalers, etc. Note: 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.

PERMISSION AND LIABILITY WAIVER:

I/We, [Parent/Legal Guardian Name], grant permission for my child, [Child's Name], to fully participate in all activities of the GGHF Curious by Nature School Summer Program.

In the event of a medical emergency, I/We authorize GGHF CBNS staff and designated adults to seek necessary medical treatment for my child if I/We or my designated representative cannot be reached.

I/We agree to hold harmless GGHF Curious by Nature School, its staff, and agents from any liability for accidents, injuries, or medical incidents that may occur during program activities.

Emergency Medical Treatment Authorization

In the event of an emergency, I authorize staff to take the following steps as necessary:

1. Life-Threatening Emergencies: Staff will call 911 immediately before attempting to contact parents/guardians.
2. Non-Life-Threatening Emergencies: Staff will first attempt to contact the parent/guardian. If unavailable, staff will contact the emergency contacts listed on the Emergency Information Form. If no contact can be made, staff will seek appropriate medical care, including calling paramedics or the child's healthcare provider.

Additional Acknowledgments

- I/We understand that CBNS Summer Camp enrollment is limited to the first 20 children per campus on a first-come, first-served basis.
- I/We understand that GGHF CBNS and staff are not responsible for any consequences resulting from false, incomplete, or missing information provided by parents/guardians.
- I/We acknowledge that staff will not administer any medication without written authorization from both the healthcare provider and the parent/guardian.
- I/We understand that completion of all emergency and contact information is required before my child may attend camp.
- By enrolling my child in CBNS's Summer Program, I/we acknowledge that I/we have read, understand, and agree to comply with all program policies and procedures, including those related to health, payment, and cancellations.

Signature Parent/Guardian: _____ Date: _____

Publicity Release (optional): I authorize GGHF Curious by Nature School to photograph, film, or otherwise capture images of my child during summer camp activities and related programs. I grant permission for these images to be used for public relations, marketing, and promotional purposes related to this program and future GGHF CBNS programs.

I understand that my child's name will not be published or directly associated with any image.

Signature Parent/Guardian _____ Date _____