

REGISTRATION FORM FOR SINGLE DAY CAMPS AT EAST LAKE PARK



Please complete one form for each child attending. Return this completed form, and the medical/release form to the Clarke County Conservation via email or mail. Office hours are 7:30 am - 4 pm Monday - Friday. Call (641) 342-3960 if you have any questions.

Child Name:				
Address:				
City:				
Parent Phone:	Grade Goi			
Daytime (Work) Phone:	Parent or	Parent or Guardian Name:		
E-Mail Address:				
		4th - 6th grade		
Pollinator Power	June 3	June 5		
Wings & Things		June 19		
Monarchs & Wildflowers	June 24	June 26		
Nature Rocks		July 10		
Pond LIfe	July 22	July 24		
Hoof & Horns		July 31		
Or \$50 for all 6 camps TOTAL			ΓAL	
All Youth must complete and sub	mit the Medical info form.	rmation/Release F	orm with your registration	
Camps have enrollment limits (Maxin serve basis. Email registration forms late to or will need picked up early, partited the week prior to the week of a Conservation prior to the start of camps and the conservation prior to the start of camps are conservation.	to clarkeccb@gmail.c lease include that info camp. If accommodat	om. If there are any ormation as well. A	camps your child will be ll registrations must be sub-	
 Important information: Parents or person dropping/pickin IF a child will be arriving late or l Grade is based on grade going int Weather permitting, we will be or screen and appropriate clothes 	eaving early please not outside, therefore stude	ote on registration for the other of the oth		
Drop off for all camps at 8 am and pic pickup time, we will call the numbers		our child is not pick	xed up within 15 minutes of	
Parent Signature:	Date:			

Cost: \$10 per day camp