



# 2022 Summer Camp Registration Form

To be completed by parent or guardian.

1. All required information must be complete before your registration is accepted.
2. Make a copy for your records.
3. Return the completed form with your payment in the envelope provided or return to the Museum of Discovery. You may also call (501) 214-1122.
4. Make checks payable to the Museum of Discovery.
5. Submit one form per child.
6. Registration is complete upon receipt of completed form and full camp payment.

Camper's Name: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Camper's Age (at time of camp): \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Museum member: Yes No If yes, member ID #: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any adults (18+) who are authorized to pick up your child. Those picking up the child

will be required to present valid I.D. to sign out the child

Drop off times 8-8:30 am Pick up times 4:30-5 pm

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Please list any allergies the child has: \_\_\_\_\_

Please describe any relevant behavioral information regarding your child so we can accommodate his or her needs to provide the best experience possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require medication Yes No If so, list the medication: \_\_\_\_\_

Dosage \_\_\_\_\_ Time the medication is to be administered: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Known side effects: \_\_\_\_\_

I understand the medication will be handed to a museum educator. I also understand the medication will be kept in a safe place and administered by a responsible adult.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

### Check Discovery Camp Choices for Ages 6-13

Date	Name	Date	Name
____ June 6-10	Minecraft: Epic Mode (ages 10-13)	____ July 11-15	Mess Makers (ages 6-8)
____ June 6-10	Wizards, Muggles & Sci (ages 6-8)	____ July 11-15	Minecraft: Epic Mode (ages 8-10)
____ June 6-10	Pokemonology (ages 8-10)	____ July 11-15	CSI: Discovery (ages 10-12)
____ June 13-17	Mess Makers (ages 6-8)	____ July 18-22	LEGO Block Party (ages 6-8)
____ June 13-17	LEGO Block Party (ages 8-10)	____ July 18-22	Nerfology (ages 8-10)
____ June 13-17	Minecraft: Epic Mode (ages 9-12)	____ July 18-22	Minecraft: Epic Mode (ages 9-12)
____ June 20-24	Science Sampler: STEAM (ages 6-8)	____ July 25-29	Science Sampler: STEAM (ages 6-8)
____ June 20-24	Minecraft: Epic Mode (ages 8-10)	____ July 25-29	Go Nintendo! (ages 8-10)
____ June 20-24	CodeBots (ages 10-12)	____ July 25-29	CodeBots (ages 10-12)
____ June 27-July 1	Unicorn Biology (ages 6-8)	____ Aug 1-5	Unicorn Biology (ages 6-8)
____ June 27-July 1	Nerfology (ages 8-10)	____ Aug 1-5	Wizards, Muggles & Sci (ages 8-10)
____ June 27-July 1	Go Nintendo! (ages 9-12)	____ Aug 1-5	Junior Zoologist (ages 10-12)

Fees:

Discovery Camp: \$275 member/\$300 non-member per week

TOTAL: \_\_\_\_\_

Form of Payment (circle one): Check VISA MC AMEX DISC

*Make checks payable to Museum of Discovery*

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Return form to: Museum of Discovery – 500 President Clinton Avenue, Ste. 150, Little Rock AR 72201**  
**Phone (501) 537-3073 • Fax (501) 396-7054 • [www.MuseumofDiscovery.org](http://www.MuseumofDiscovery.org)**  
**For questions contact Beth Nelsen at [bnelsen@museumofdiscovery.org](mailto:bnelsen@museumofdiscovery.org)**