



15898 S Springwater Rd  
Oregon City, OR 97045  
971-356-1715 (Ranch Line)  
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[dragonflyranch.preschool@gmail.com](mailto:dragonflyranch.preschool@gmail.com)

## SUMMER CAMP REGISTRATION FORM

### CAMP DATES AND TIME: CIRCLE ONE

July 8 - 12, 2024 ~ Session 1 ½ day 9am-1pm (M-F)

July 22 - 26, 2024 ~ Session 2 ½ day 9am-1pm (M-F)

August 5 - 9, 2024 ~ Session 3 ½ day 9am-1pm (M-F)

August 19-23, 2024 ~ Session 4 ½ day 9am-1pm (M-F)

**COST:** \$100 deposit will hold a spot (non-refundable) remaining balance by July 1, 2024 for sessions 1 & 2 and August 1, 2024 for sessions 3 & 4.

We accept cash, check (payable to Dragonfly Ranch Education), venmo (@dragonflyranchedu) or Credit Card

\$350 per week (includes Camp and T-shirt)

T-shirt size \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies (medication, foods, etc.) \_\_\_\_\_

\*A light healthy snack/water will be available, but we recommend families provide preferred type and amount for 4 hours.

Is your child currently on any medication that needs to be taken during camp, including inhalers? YES or NO If yes, written permission from a parent or guardian will be necessary.

Pick Up: My child will be picked up from camp by: (photo ID required)

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If there is information you would like to share with us to help maximize your child's camp experience please contact us prior to the start of camp or provide information below:

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Animal Experience: Does your child have experiences with animals? YES or NO

If so, what kinds and what is the comfort level? \_\_\_\_\_

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What concerns do you have...(due to the environment of a working ranch, these details will help us have a better understanding about your child).

With behavior \_\_\_\_\_

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With listening and following directions \_\_\_\_\_

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With gross motor/fine motor \_\_\_\_\_

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With social/emotional awareness \_\_\_\_\_

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Photo Release for website and social media YES or NO

Emergency Release: Parent/Guardian Signature I give permission, in the event of an emergency, for first aid to be administered to my child and emergency medical treatment including transportation by ambulance to the nearest hospital, should it be necessary. I understand that every effort will be made to contact me.

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Parent/Guardian Signature

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Date