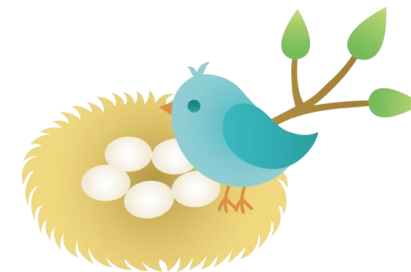












Spring Break Vacation Camp Itinerary

April 12-April 22



Hours are from 7:30am-5:15pm

***If your child has not previously attended our program, please complete the back of this form!**

Friday, April 12	Monday, April 15	Tuesday, April 16	Wednesday, April 17	Thursday, April 18	Friday, April 19	Monday, April 22
<p>Paper Mache Bird Nests</p> <p>Nature Art</p>  <p>Outdoor Field Games*</p>  <p>*Weather Permitting</p>	 <p>Shakowi Cultural Center Field Trip</p> <p>Tour of Center</p> <p><u>Programs:</u> Story Telling Make a Cornhusk Doll</p>	<p>Start Your Own Garden</p> <p>Design and Create Your Own Fairies & Gnomes</p> <p>Outdoor Field Games*</p>  <p>*Weather Permitting</p>	 <p>Farmer's Museum Field Trip</p> <p>Tour of Museum</p> <p><u>Programs:</u> Blacksmithing Life on the Farm Painting on Glass A Stitch in Time</p> <p>Merry-Go-Round Ride</p> 	<p>EPIC Scavenger Hunt!!</p> <p>Nature Exploration</p> <p>Outdoor Field Games*</p> <p>*Weather Permitting</p> 	 <p>Roger's Conservation Center</p> <p><u>Programs:</u> Track & Traces Pond Ecology Wild Life Ecology</p> <p>Wear rain boots and rain jackets- we will get muddy!</p>	<p>Picnic in the Village Green</p>  <p>Outdoor Painting</p>  <p>Outdoor Field Games*</p> <p>*Weather Permitting</p>

CHILD'S INFORMATION (one form per child)

Last Name _____ First Name _____ Male Female

Date of Birth _____ Child resides with Parent 1 Parent 2 Both Other (name) _____ Relationship _____

PARENT/GUARDIAN #1 INFORMATION

Last Name _____ First Name _____ Address _____ City _____

State _____ Zip _____ Work Phone _____ Home Phone _____

Cell Phone _____ Occupation _____ Employer _____

Email _____

PARENT/GUARDIAN #2 INFORMATION

Last Name _____ First Name _____ Address _____ City _____

State _____ Zip _____ Work Phone _____ Home Phone _____

Cell Phone _____ Occupation _____ Employer _____

Email _____

MEDICAL

Child's Pediatrician _____ Phone _____

Address _____ City _____ State _____ Zip _____

ALLERGIES- Please list all allergies _____

PLEASE NOTE: A medical examination with current immunizations is required within one year of your child participating in the program. Copies of physicals and immunizations can be requested from the School Nurse by parents ONLY.

Preferred hospital/urgent care center _____ Address _____

Persons other than Parent Allowed to Pick Up: _____

Photo/Publicity Release

I give permission for the CELC to take my child's photo to be used on their website & other publications YES NO

Parent Signature _____ Date _____