Children's Museum | Denver

303-433-7444

www.mychildsmuseum.org

Please Note: In order to confirm your registration, you must submit this registration form along with the camp tuition paid in-full. After registration is confirmed, the Children's Museum of Denver adheres to a NO-REFUND, NO-CREDIT, NO-SUBSTITUTION policy. If you are unable to attend, please consider your payment a tax-deductible donation.

***Please fill out a separate application for each camper.**

2010 CAMPER APPLICATION

Camper's First Name _____ Camper's Last Name _____ Home Phone Number _____

Date of Birth _____ (circle one) Male or Female

Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian's Name _____ Parent/Guardian's Day Phone # _____ Parent/Guardian's Cell Phone # _____

Parent/Guardian's Name _____ Parent/Guardian's Day Phone # _____ Parent/Guardian's Cell Phone # _____

Email Address _____ ☐ Yes, I would like to receive mail electronically

Emergency Contact Person _____ Relationship to Child _____ Contact's Phone # _____

☐ Yes, I will download the medical and release forms from the website ☐ Please mail me the medical and release forms

DAY CAMP SESSIONS & TUITION

Session	Dates	Ages	Theme	Time	Tuition (Members/Non-Members)
○ E	July 12 - July 16	5/6	Musical Math	9:00 a.m. - 12:00 p.m.	$125/$135
○ F	July 12 - July 16	5/6	Musical Math	1:00 p.m. - 4:00 p.m.	$125/$135
○ H	July 5-July 9	7/8	World Explorers	9:00 a.m. - 4:00 p.m.	$200/$210
○ I	July 19 - July 23	3/4	Science Explorers	9:00 a.m. - 12:00 p.m.	$125/$135
○ J	July 19 - July 23	3/4	Nature Explorers	1:00 p.m. - 4:00 p.m.	$125/$135
○ K	July 26 - July 30	3/4	Nature Explorers	9:00 a.m. - 12:00 p.m.	$125/$135

CLOSED SESSIONS: A, B, C, D, L

EXTENDED DAY SERVICES

Campers who arrive **prior** to 8:45 a.m. and/or **depart** after 4:15 p.m. must register for this program:

○ $10/day Early Drop-off (8:00 a.m. - 9:00 a.m.) *Days Needed (Circle all that apply):* Mon Tues Wed Thurs Fri

○ $10/day Late Pick-up (4:00 p.m. - 5:00 p.m.) *Days Needed (Circle all that apply):* Mon Tues Wed Thurs Fri

Tuition Amount: $_____ Extended Day Services Amount: $_____ Total Due: $_____

Parent/Guardian (Printed) _____ Signature of Parent/Guardian _____ Date _____