



2015 Cool to Care Camp

Registration Form



Registration Instructions:

Complete one registration form per household. Registrations are accepted on a rolling basis until camps are full. We do not guarantee placement in the camps. Please do NOT send registration form or payment before registration opens—a confirmation email will be sent after registration is received with payment instructions as applicable. Thank you.

Check for openings and updated camp status at the Cool to Care Camp page at www.nhes.org.

Send completed form by mail, fax, or email to:

NHES
c/o Cool Camp
PO Box 340
Charles Town, WV 25414

Fax: 304-725-1523
Email: education@nhes.org
*No phone registrations; please
allow time for processing.*

Office Use Only

Pay Rc'd	Rel. Rc'd
Reg. Conf.	Pay Conf.

Child Information		
1. (Name) Last:		First:
Age:	Grade Level for upcoming school year (2015/16):	
My child is registering for the following camp (check one): _____ 1 st -3 rd Grade—Pet Pals—June 22-26 _____ 4 th -6 th Grade—Humane Heroes—July 6-10 _____ 7 th -9 th Grade—Animal Ambassadors—July 20-24		
2. (Name) Last:		First:
Age:	Grade Level for upcoming school year (2015/16):	
My child is registering for the following camp (check one): _____ 1 st -3 rd Grade—Pet Pals—June 22-26 _____ 4 th -6 th Grade—Humane Heroes—July 6-10 _____ 7 th -9 th Grade—Animal Ambassadors—July 20-24		
3. (Name) Last:		First:
Age:	Grade Level for upcoming school year (2015/16):	
My child is registering for the following camp (check one): _____ 1 st -3 rd Grade—Pet Pals—June 22-26 _____ 4 th -6 th Grade—Humane Heroes—July 6-10 _____ 7 th -9 th Grade—Animal Ambassadors—July 20-24		
Parent/Guardian Information		
(Name) Last:		First:
(Name) Last:		First:
Street Address:		
City:	State:	Zip:
Phone (Main):		Phone (Other):

The National Humane Education Society (www.nhes.org)

The Briggs Animal Adoption Center (www.baacs.org)

*Email:	
<i>*All camp correspondence, including confirmations and pre/post follow-ups, will be sent by email.</i>	
Drop-Off & Pick-Up Arrangements	
List any persons not already listed above who will provide transportation for your child.	
Name:	
Relationship:	Phone:
Name:	
Relationship:	Phone:
Emergency Contacts	
Name:	
Relationship:	Phone:
Name:	
Relationship:	Phone:
Child's Health Information	
Insurance Provider Company:	
Policy #:	
Food or other allergies:	
Other Needs	
Are there any considerations or special needs you would like us to be aware of?	
How did you hear about the camps?	