



2012 Pocahontas County Conservation Board Summer Day Camp

Return Form & Payment to: PCCB, c/o Corinne Peterson, 702 NW 7th St., Pocahontas, IA 50574

Use a separate form for each student. Please complete the front & back of this page.

Camper's Name & Nickname if any _____ Age & Birth Date _____ Grade Next Fall _____

Parent/Guardian Name _____

Address: _____

Street

City

State

Zip Code

() _____ () _____
Home Phone Work Phone

() _____
Cell Phone Email Address

Jr. Naturalist Camp ~ Adventures in Astronomy

All students entering Grades 1 - 6 this fall are welcome!

Day Camp is held at the Nature Center located on Hwy. 4 in Pocahontas just north of the Hospital and Manor. Cost is \$10 per student and includes a T-shirt, crafts, snacks, and field trip. Please check the dates you will be attending.

- Tuesday, July 31, 9:00 - 11:00 a.m. Tour of the Universe
- Wednesday, Aug. 1, 9:00 - 11:00 a.m. Stories in the Stars
- Thursday, Aug. 2, 8:00 a.m. - 1:00 p.m. Field Trip to Sanford Museum & Planetarium in Cherokee

Please register by July 25 - Call 712-335-4395 or email naturalist@pocahontas-county.com

Circle Child's T-shirt Size: Child Sizes: S (6-8) M (10-12) L (12-14)
Adult Sizes: S M L XL

Payment Type: ___ Cash ___ Check (Payable to PCCB) **\$10 OVER ►**

PCCB Day Camp - Camper Information Form

Please provide the following information about your child. This form will be kept at the PCCB Office in case of emergency. This form must be completed for your child to attend camp. Thank you!

Child's Name _____ Preferred name for nametag _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

If neither parent is available, contact:

Name _____ Relationship _____

Address _____ Phone _____

Doctor's Name _____ Phone _____

Allergies to food, medicine or insects: _____

Special dietary needs: _____

Health or physical considerations: _____

Other helpful information _____

Emergency Release

In the event of an emergency, I give permission for the Pocahontas County Conservation Board staff to administer first aid and/or obtain medical treatment for my child, _____.

I further understand that every effort will be made to contact me and/or my emergency contacts.

I give permission for emergency care and transportation to the nearest hospital, if necessary. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Parent/Guardian Signature _____ Date _____

Carpool Information: My child may be dropped off or picked up by the following people:

Name, relation & phone #: _____

Name, relation & phone #: _____

Return to:

Pocahontas County Conservation
702 NW 7th St., Pocahontas, IA 50574

Questions:

Corinne Peterson, Naturalist
712.335.4395
naturalist@pocahontas-county.com



Check out the PCCB Website:
www.pocahontas-county.com/conservation

*"Conserving Our Natural Heritage
For Those Who Follow"*