

# SCIENCE CAMP

SPRING 2012

**Enroll now for Hawaii'i Nature Center Science Camp**, a hands-on science and culture-based camp for middle school students, focusing on local impact of climate change. Educators will engage students in environmental science while learning about climate change through watershed education. Outdoor activities will include forest hikes, coastal investigations, and wetland explorations.

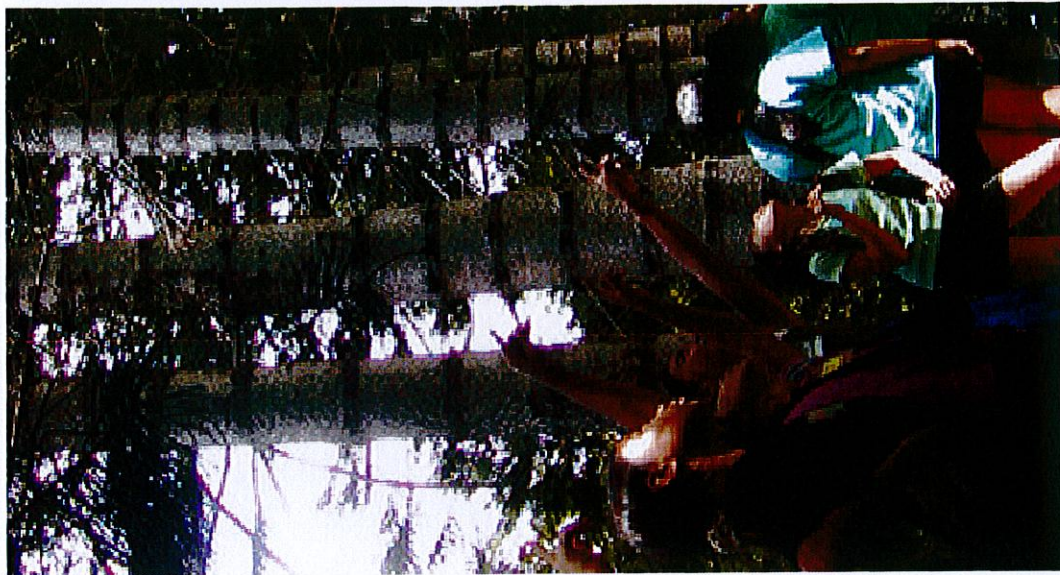
- For middle school students (5th through 8th grade)
- Two sessions
- March 12-16 and 19-23.
- Time: 8:30 am - 3:30 pm
- In Makiki Valley & other field sites



**Space is limited. To register**, complete and mail the form to:

**Hawaii'i Nature Center**  
Attn: SCIENCE CAMP  
2131 Makiki Heights Drive  
Honolulu, HI 96822

**Confirmation** of your registration and a brief program outline will be sent to you. For more information, call **955-0100, ext. 123.**



# SCIENCE CAMP SPRING 2012 REGISTRATION FORM (One form per child)

CHILD'S LAST NAME	FIRST NAME	MI	GENDER (M/F)	AGE	BIRTH DATE
STREET ADDRESS		CITY	STATE	ZIP	EMAIL ADDRESS
MOTHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE		OTHER PHONE
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE		OTHER PHONE
NAME OF OTHER SIBLING IN THE PROGRAM		CHILD RESIDES WITH: ( ) BOTH PARENTS ( ) FATHER ( ) MOTHER ( ) OTHER			
CHILD'S DOCTOR'S NAME/FAMILY PHYSICIAN		PHONE NUMBER	CHOICE OF HOSPITAL/DISPENSARY		
MEDICAL INSURANCE COVERAGE		POLICY NUMBER	ALLERGIES? ( ) YES ( ) NO EXPLAIN		
ANY PHYSICAL OR BEHAVIORAL PROBLEMS? IF SO, PLEASE EXPLAIN		MEDICATION? ( ) YES ( ) NO		ENGLISH AS A SECOND LANGUAGE? ( ) YES ( ) NO	

PLEASE ADD ANY OTHER COMMENTS WHICH MAY BE HELPFUL IN CARING FOR YOUR CHILD (E.G. FEAR OF HEIGHTS)

FOR GRANT PURPOSES, PLEASE INDICATE IF YOUR CHILD:  
 IS OF NATIVE HAWAIIAN ANCESTRY ( ) YES ( ) NO  
 RECEIVES FREE OR REDUCED LUNCH AT SCHOOL ( ) YES ( ) NO

In addition to parents/legal guardians, I authorize only the following people to pick up my child and/or in an emergency, be contacted if parents/legal guardians can't be contacted.

NAME	RELATIONSHIP TO CHILD	CELL/PAGER NO.	WORK PHONE	HOME PHONE
NAME	RELATIONSHIP TO CHILD	CELL/PAGER NO.	WORK PHONE	HOME PHONE

By initialing and signing the following waivers, I have read, understand and agree to them voluntarily.

<p><b>MEDICAL RELEASE WAIVER:</b> I authorize the Hawai'i Nature Center (HNC) staff to take my child to the nearest hospital or clinic for medical care, in the event of a medical emergency, if the parent/legal guardian, emergency contact persons or child's physician cannot be promptly reached.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p><b>PHOTO/VIDEO WAIVER:</b> I authorize the Hawai'i Nature Center (HNC) to use video images or photographs of my child. I agree that the video or photographs become the exclusive property of HNC and may be used only by HNC.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p><b>TRANSPORTATION AUTHORIZATION:</b> I authorize the Hawai'i Nature Center (HNC) staff to provide or contract for my child's transportation between program sites and for field trips.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>
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**PARENT/GUARDIAN SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PROGRAM SELECTION & PAYMENT				Clearly circle the fee of the program desired, add the fees for each program in the last column. include discounts & membership if applicable and add the last column for the total.	
SC Spring 2012	WEEK 1 March 12-16	WEEK 2 March 19-23			TOTAL \$
REGISTRATION DUE DATES	March 5	March 12			
Member	\$275	\$275			
Non-member	\$350	\$350			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     FOR YOUR INFORMATION                      Federal Tax ID #99-0208246 State Tax ID #W20337722-01                 </div>					

PAYMENT: ( ) CHECK ( ) JCB ( ) AMERICAN EXPRESS ( ) VISA ( ) MASTERCARD  CARD NUMBER _____  EXPIRATION DATE _____ 3-DIGIT SECURITY CODE _____  SIGNATURE _____  DATE _____	SNAP Pack (includes child size T-shirt): T-shirt Color: _____ Size: _____ \$50
	T-Shirt Only: Organic Cotton Red or Green T-shirt 1: Color: _____ Size: _____ \$15 T-shirt 2: Color: _____ Size: _____
	*Late Registration Fee \$25
	Family Membership Fee \$50
	TOTAL: _____

**LATE PICKUP FEES:** If your child is picked up later than 10 minutes after the end of the program, we will charge a late fee of \$25 for every 5 minutes or fraction thereof.

**REFUND POLICY:** If you need to remove your child from the program, please notify us at least 7 days prior to the start of the session. With at least 7 days notice, we will refund your program fee minus a nonrefundable \$50.00 registration fee. With less than 7 days notice there is no refund for any reason, including sickness.

**CANCELLATION POLICY:** We reserve the right to cancel the program if we do not have a minimum enrollment. If this occurs we will notify you as soon as possible and refund the full program cost.

**RETURNED CHECKS:** There is a \$20.00 service charge on returned checks.

**\*LATE REGISTRATION FEE:** If registering after the due date, a late fee of \$25 will be charged.