

# The Youth Environmental Science Program and the Starkville Oktibbeha Consolidated School



District Present:

## *NATURE ART CAMP*



**JULY 10-14<sup>th</sup>, 2017**

**Monday-Friday Day Camp for rising 3-5<sup>th</sup> graders**

Calling all scientists interested in combining the wonders of our natural world with imaginative creations. Discover enchanted forests and hidden creatures. Each day students will construct masterpieces using nature as their inspiration.

Students will also morph into their favorite animals for daily games of "survival" and "adaptation". Prepare for fun and fantasy!

**Camp Cost: \$100.00      Includes all meals and trips**

## **Science Summer Camp Registration**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Student Grade for 2017-18 School Year \_\_\_\_\_ Student Age \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Camp questions and inquiries can be directed to Jessica Tegt at [Jessica.tegt@msstate.edu](mailto:Jessica.tegt@msstate.edu) or 662-325-7262

# Emergency Contact Information

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies to any food or medication? (If yes, please list)

\_\_\_\_\_

Does your child have any special medical needs? (i.e., asthma, diabetes, epi-pen, ADD, meds)

\_\_\_\_\_

Emergency Contacts:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list no more than 3 adults authorized to pick up your child:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Please sign below to authorize immediate medical care of your child if needed. If an emergency arises, Oktibbeha County Hospital will be utilized unless otherwise stated.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_