

# Hands On Science Enrichment, LLC

350 Newtown Turnpike  
Redding, CT 06896

## Summer Camp Registration Form

Camper Name \_\_\_\_\_

Camper Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Work Number \_\_\_\_\_

Cell \_\_\_\_\_

Dad's Work Number \_\_\_\_\_

Cell \_\_\_\_\_

Home email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Grade Entering this Fall \_\_\_\_\_

Camp Week Preference \_\_\_\_\_

Allergies\* \_\_\_\_\_

(This camp is a no peanut zone, apologies to PBJ lovers)

Anything special we need to know about your child that will help them fully enjoy their week at science camp

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Hands On Science Enrichment, LLC to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release the camp, the Redding Grange, and any employees or volunteers from any and all liability for injuries or illness incurred while participating in the camp before, during and after stated camp hours. I also allow my child's image to be used in promotional material.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_