



“When I Grow Up” Camp Sessions!

SUMMER 2017 REGISTRATION

Camper's Name _____ Boy Girl

Date of Birth _____ Age _____

Parent/Guardian Names _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone Numbers:

Home _____ Cell _____ Work _____

Email _____

How did you hear about us? _____

Camp Sessions:

Please indicate week(s) you would like to register for camp.

- Session 1 **Science Camp** (July 10 – 14) Session 4 **Artist Camp** (July 31 August 1)
- Session 2 **Artist Camp** (July 17 – 21) Session 5 **Chef Camp** (August 7 – 11)
- Session 3 **Science Camp** (July 24 - 28)

Please note: All sessions are Monday-Friday 9:30 a.m. to 1:00 p.m.

Each camp session is limited to 24 children.



Camp Tuition:

MHCM Members: \$160

Non-Members: \$170

Become a member and get a discount on tuition!

Mid-Hudson Children's Museum members (Basic family level or higher) receive a discount on camp fees. You MUST be a member at the time of enrollment through the end of your camp session. Your registration will not be processed at a discounted rate, and your spot in camp cannot be held, until we have received confirmation that your membership will be valid through the duration of your camp session. You may join or renew your MHCM membership today by visiting us at www.mhcm.org. For more information on membership please call us at 845-471-0589, ext. 20.

We have a current MHCM membership under the name: _____

Address on membership: _____

Membership expiration date: _____

We would like to join or renew our MHCM membership!

Join online at www.mhcm.org or call (845) 471-0589, ext. 20.

Payment A minimum payment of 50% is due by June 1st.

Full payment is due on or before the first day of your session.

Camp session fee: _____ X Number of sessions _____ = _____

Total amount due: _____

I am enclosing a check for ____ The full cost ____ 50% in the amount of _____

Please charge my credit card for ____ The full cost ____ 50% in the amount of _____

Credit Card Information

Visa MasterCard

Card Number _____

Exp. Date: _____ Security Code _____



My signature indicates that I request a space to be reserved for my child to participate in Mid-Hudson Children's Museum Camp, and I agree to pay all applicable camp fees as outlined above:

Parent/Guardian signature: _____ Date: _____

Please mail this form and payment to:

Mid-Hudson Children's Museum

ATTN: Summer Camp

75 North Water St. Poughkeepsie NY, 12601

Or e-mail scanned registration packet to: pjacobsen@mhcm.org Or Fax to: 845-471-0415

WHAT'S NEXT...?

- 1) You will receive an e-mail with confirmation about your child's registered camp session.
- 2) ENROLLMENT PACKET Your confirmation e-mail will include an enrollment packet which will contains detailed information about preparing for camp as well as required health and emergency forms.

Please let us know if you would rather receive information by mail or pick up your enrollment packet at the Museum. Please note: We require all children be vaccinated and up to date with all age appropriate vaccinations.

QUESTIONS ABOUT CAMP?

Please Contact Peter Jacobsen at 845-471-0589 ext. 17 or pjacobsen@mhcm.org. We look forward to seeing you this summer!