

Kettle Creek Environmental Education Center's Get in Touch with Nature Day Camp

Choose One Week! Ages 7-10

**June 17th - 21st
July 29th - Aug 2nd
August 5th - 9th**

Monday through Friday: 8am - 3:30pm

Cost: \$170 per Child

Late Pick-Up Available

3:30pm-6pm

\$50/Week or \$10/Day

Registration is Limited!



Please sign and return completed registration and medical form to:
Kettle Creek Environmental Education Center

**8050 Running Valley Road
Stroudsburg, PA 18360**

Checks should be made payable to MCCD (Monroe County Conservation District)

Get in Touch with Nature Camp Participant Registration Form

Full Name: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone number: _____

Relationship to Camper: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Other medical notes: _____

Do we have permission to use pictures of your child for publicity purposes? Yes No

Camp Week: Choose ONE only

June 17th – 21st July 29th – August 2nd August 5th – 9th

Late pickup is offered at an additional cost of \$10 per day until 6pm. Please note dates/times late pickup is needed:

Monday Time: _____ Tuesday Time: _____ Wednesday Time: _____

Thursday Time: _____ Friday Time: _____

Camp Fee: \$170 + Late Pick Up Fee (\$10 per day) _____ = \$ _____ Total

Please make checks payable to MCCD. Please note: Refunds will only be given if notification is made to MCCD at least seven days prior to program. Signing this application releases the Monroe County Conservation District (MCCD) and Monroe county from all claims for accidents/injuries incurred by the applicant in the normal course of instruction. Signed parents/guardians also agree that, in the event of camper injury/illness, if the parent or guardian cannot be contacted, that parent/guardian gives permission to the MCCD Staff to obtain competent medical assistance.

Guardian Signature _____ Date _____

8050 Running Valley Road
Stroudsburg, PA 18360

Admin/Technical: 570-629-3060
Env. Education: 570-629-3061
www.mcconservation.org



MONROE COUNTY
CONSERVATION DISTRICT



Get in Touch with Nature Camp 2024 Medical Information Form

(Must be filled out, signed and returned. Campers will not be permitted at camp without it)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

Parents or Guardians: _____

Phone 1: _____ Phone 2: _____

Emergency Contact: _____ Relationship: _____

Phone : _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Does the camper have any allergies? _____ Please list: _____

Is the camper taking any medications? _____ Please list: _____

(Note: All medications to be taken during camp must be given to camp staff)

Please list any restrictions or special medical conditions of which the camp staff should be aware:

Please list any dietary needs: _____

Signing this form releases the Monroe County Conservation District, the Kettle Creek Environmental Education Center and Monroe County from all claims for accidents or injuries incurred by the camper during camp time. Signed parents also agree that, in the event of camper injury or illness, if the parent cannot be contacted, that parent gives permission to the camp staff to obtain competent medical assistance.

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____